

<i>SERFF Tracking Number:</i>	<i>UHLC-128229399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accident Policy</i>		
<i>Project Name/Number:</i>	<i>Employer 2012/</i>		

## Filing at a Glance

Company: UnitedHealthcare Insurance Company

Product Name: Accident Policy

SERFF Tr Num: UHLC-128229399 State: Arkansas

TOI: H02G Group Health - Accident Only

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: H02G.000 Health - Accident Only

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Reviewer(s): Rosalind Minor

Author: Adamowicz Sue

Disposition Date: 04/03/2012

Date Submitted: 04/03/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: On Approval

Implementation Date:

State Filing Description:

## General Information

Project Name: Employer 2012

Status of Filing in Domicile: Authorized

Project Number:

Date Approved in Domicile: 03/30/2012

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 04/03/2012

State Status Changed: 04/03/2012

Deemer Date:

Created By: Adamowicz Sue

Submitted By: Adamowicz Sue

Corresponding Filing Tracking Number:

Filing Description:

On behalf of UnitedHealthcare Insurance Company, we are submitting the enclosed forms for your approval on a general use basis. The submitted forms are new and we do not currently intend to replace any forms previously filed with your Department.

The forms provide Accident insurance on a group basis to employees and members of eligible groups as may be defined by your state law.

For your reference, we have included a forms list. The list contains a description of each form and whether is standard or optional. We have also included the consumer notice under the Forms Schedule Tab and a copy of the Guaranty

SERFF Tracking Number: UHLC-128229399 State: Arkansas  
Filing Company: UnitedHealthcare Insurance Company State Tracking Number:  
Company Tracking Number:  
TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only  
Product Name: Accident Policy  
Project Name/Number: Employer 2012/

Association policy notice under the Supporting Documentation tab.

Please note that we intend to use form LASD-APP2 (10/03) for a group application. The accident policy will be added to the variable section of the application that lists the available product options. Form LASD-APP2 (10/03) was previously approved on December 19, 2003.

Only forms listed as optional on the forms list, and text bracketed on the form as variable, will be changed or omitted. Where exclusions or other limitations are shown as variable, they may be deleted but none will be added. Where numbers or time periods are variable, changes will be more liberal to the insured, but not more restrictive. Definitions that are not applicable to the plan design selected by the group may be omitted but only text designated as variable within the definitions may be changed.

Reference to Dependents and Dependent coverage are bracketed so that these may be removed if the forms do not cover dependents. The word employee is bracketed so that it may be changed to an appropriate term if, for example, the employer calls their employees "associates" or a labor union wishes to use the term "member," or similar.

The policy amendment form may be used to make changes to text that is variable. Examples of the policy changes are described on the form. The types of changes made by these forms will be within the availability of filed content. The pages may run in continuous copy when printed.

State Narrative:

## Company and Contact

### Filing Contact Information

Sue Adamowicz, Compliance Consultant Sue\_Adamowicz@uhc.com  
185 Asylum St 860-702-6003 [Phone]  
Hartford, CT 06103

### Filing Company Information

UnitedHealthcare Insurance Company	CoCode: 79413	State of Domicile: Connecticut
185 Asylum Street	Group Code: 707	Company Type: Life and Health
Hartford, CT 06103	Group Name:	State ID Number:
(860) 702-5000 ext. [Phone]	FEIN Number: 36-2739571	

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## Filing Fees

Fee Required? Yes  
Fee Amount: \$250.00

*SERFF Tracking Number:* UHLC-128229399 *State:* Arkansas  
*Filing Company:* UnitedHealthcare Insurance Company *State Tracking Number:*  
*Company Tracking Number:*  
*TOI:* H02G Group Health - Accident Only *Sub-TOI:* H02G.000 Health - Accident Only  
*Product Name:* Accident Policy  
*Project Name/Number:* Employer 2012/  
**Retaliatory?** No  
**Fee Explanation:** \$50 per form for review  
**Per Company:** No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
UnitedHealthcare Insurance Company	\$250.00	04/03/2012	57673451

SERFF Tracking Number:	UHLC-128229399	State:	Arkansas
Filing Company:	UnitedHealthcare Insurance Company	State Tracking Number:	
Company Tracking Number:			
TOI:	H02G Group Health - Accident Only	Sub-TOI:	H02G.000 Health - Accident Only
Product Name:	Accident Policy		
Project Name/Number:	Employer 2012/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	04/03/2012	04/03/2012

*SERFF Tracking Number:*      *UHLC-128229399*

*State:*      *Arkansas*

*Filing Company:*      *UnitedHealthcare Insurance Company*

*State Tracking Number:*

*Company Tracking Number:*

*TOI:*      *H02G Group Health - Accident Only*

*Sub-TOI:*      *H02G.000 Health - Accident Only*

*Product Name:*      *Accident Policy*

*Project Name/Number:*      *Employer 2012/*

## **Disposition**

Disposition Date: 04/03/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: UHLC-128229399 State: Arkansas

Filing Company: UnitedHealthcare Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Accident Policy

Project Name/Number: Employer 2012/

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	Guaranty Association Notice	Approved-Closed	Yes
Supporting Document	Forms List	Approved-Closed	Yes
Form	Master Insurance Policy	Approved-Closed	Yes
Form	Certificate of Insurance	Approved-Closed	Yes
Form	Additional Benefit Rider	Approved-Closed	Yes
Form	Modification Rider	Approved-Closed	Yes
Form	Consumer Notice	Approved-Closed	Yes

SERFF Tracking Number: UHLC-128229399 State: Arkansas

Filing Company: UnitedHealthcare Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H02G Group Health - Accident Only Sub-TOI: H02G.000 Health - Accident Only

Product Name: Accident Policy

Project Name/Number: Employer 2012/

## Form Schedule

### Lead Form Number: UHCAC-POL01(01/12)

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 04/03/2012	UHCAC-POL-1(01/12)	Policy/Cont Master Insurance ract/Fratern Policy al Certificate		Initial		52.900	Accident Policy.pdf
Approved-Closed 04/03/2012	UHCAC-CRT(01/12)	Certificate	Certificate of Insurance	Initial		57.300	AR Accident Certificate.pdf
Approved-Closed 04/03/2012	UHCAC-ABR(01/12)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Additional Benefit Rider	Initial		58.000	Benefits Add Rider.pdf
Approved-Closed 04/03/2012	UHCAC-POLMOD(01/12)	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Modification Rider	Initial		53.400	Policy Modification Rider.pdf
Approved-Closed 04/03/2012	UHCAC-AR-NOTICE	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Consumer Notice	Initial			ARKANSAS CONSUMER NOTICE.pdf

# UnitedHealthcare Insurance Company

[185 Asylum Street

Hartford, Connecticut 06103-3408]

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Policyholder:	[ABC Company]
[Policyholder Address:	123 Street Anytown, Anystate
Policy Number:	1234
Effective Date:	January 1, 2012
Premium Due Date:	January 1 and the first day of each month thereafter
Policy Anniversaries:	January 1 of each year]

We, UnitedHealthcare Insurance Company, agree to provide, for eligible persons becoming insured under the Policy, the benefits according to the terms, provisions and limitations of it. The following pages, including [any application(s), riders, endorsements or amendments,] are part of the Policy. The Policy is issued in consideration of payment of the required premium.

The Policy becomes effective at 12:01 A.M. Eastern Standard time on the Effective Date shown above. The Policy will continue in force by the payment of premiums when due. The Policy is subject to termination according to its terms.

## Read the Policy Carefully

This is a legal contract between the Policyholder and Us. If the Policyholder has any questions or problems with the Policy, We will be ready to help the Policyholder. The Policyholder may call upon [his agent or Our Home Office] for assistance at any time.

The Policy is issued in and governed by the laws of the State in which it is delivered.

We have, by Our President and Secretary, executed the Policy at Our Home Office. If the Policyholder or the Covered Person have questions, needs information about their insurance, or needs assistance in resolving complaints[, call 1-888-299-2070.]

## NOTICE TO POLICYHOLDER

This is an Accident-only Policy and it does not pay benefits for loss from sickness. Review the Policy carefully. This Policy provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

## THIS POLICY IS NOT A MEDICARE SUPPLEMENT CONTRACT

If a Covered Person is eligible for Medicare, he should review the Guide to Health Insurance for People with Medicare available from the company.

**Group Accident  
Insurance Policy**

**[Administrative Office:  
9900 Bren Road East  
Minnetonka, MN 55343]**

This Policy is signed for UnitedHealthcare Insurance Company by:



Thomas J. McGuire, Secretary



Jeffrey D. Alter, President



## POLICY GENERAL PROVISIONS

**Certificates:** The Policyholder will be furnished with a Certificate for delivery to each Covered Person. The Certificate(s) describe the benefits, terms, conditions, limitations and exclusions provided by the Policy. If there is a conflict between the Policy and the Certificate, the Policy will control.

**Conformity With State or Federal Statutes:** If any provision of the Policy conflicts with any applicable law, the provision will be deemed to conform to the minimum requirements of the law.

**[Discretionary Authority:** When making a benefit determination under the Policy, We have the sole discretionary authority:

1. to determine the Covered Person's or Dependent's eligibility, if applicable, for benefits;
2. to interpret the terms, conditions, limitations, and exclusions; and
3. to interpret all other provisions of the Policy including the Certificate of Coverage and any riders, endorsements or amendments.

This provision:

1. does not prevent the bringing of a legal action under the time limit for Legal Action provision;
2. does not serve to deprive any insurance department of its statutory rights and obligations.]

**Entire Group Contract:** The entire Group Contract between the Policyholder and Us consists of the Policy, Certificate(s), [riders, endorsements, or amendments(s), and the Policyholder's application, if any.] All Certificate(s), [riders, endorsements and any amendments] are listed on the Policy Contents page.

All statements made by the Policyholder and by any person covered by the Policy are representations and not warranties. No statement made by the Covered Person will be used to contest the insurance provided by the Policy, unless:

1. it is contained in a written statement signed by the Covered Person; and
2. a copy of the statement is furnished to the Covered Person or beneficiary.

Only We may change the Policy or extend the time for payment of any premium. No change will be valid unless made in writing and signed by Us. Any change so made will be binding on all persons referred to in the Policy. No agent has the authority to change the Policy or waive any of the provisions. For purposes of the Policy, the Policyholder acts on its own behalf, or as the Covered Person's agent. The Policyholder is not an agent of Ours.

**Nonparticipation:** The Policy is non-participating. It does not pay dividends.

**Information To Be Furnished:** The Policyholder may be required to furnish any information needed to administer the Policy. Clerical error by the Policyholder, Us, [or any Enrolling Group ] will not:

1. affect the amount of insurance which would otherwise be in effect; or
2. continue insurance which otherwise would be terminated; or
3. result in the payment of benefits not otherwise payable.

Once an error is discovered, an equitable adjustment in premium will be made. If the premium adjustment involves the return of unearned premium, the amount of the return will be limited to the 12-month period, which precedes the date We receive proof such an adjustment should be made. We may inspect any of the Policyholder's records which relate to the Policy.

**Records:** The Policyholder must furnish all information required by Us to:

1. compute premiums; and
2. maintain necessary administrative records.

Records of the Policyholder, which have a bearing on insurance, will be available for inspection by Us at any reasonable time.

## POLICY GENERAL PROVISIONS (continued)

**Termination of the Policy:** The Policy may be canceled by either the Policyholder or Us.

The Policy may be canceled [on or after its first Policy Anniversary for any reason including but not limited to:

1. there is less than 20% participation of eligible Employees if the Employees contributes in whole to the cost of insurance;
2. there is less than 20% participation of eligible Employees if the Employer contributes partially to the cost of insurance;
3. less than 100% of all eligible Employees are participating, if the Employer contributes in whole towards the cost of insurance;
4. fewer than 10 Employees are insured under the Policy;
5. the Policyholder fails to pay premium within the Grace Period; or
6. the Policy has been in effect for 12 months.]

[We may cancel the Policy prior to its first anniversary or at any time thereafter if the Policyholder:

1. fails to perform any of its obligations that relate to the Policy;
2. does not provide Us with information that We need to administer the Policy; or
3. ceases to sponsor coverage under the Policy, or sponsors the same or similar coverage through another arrangement without Our written agreement.]

The Policyholder must pay Us all premium due for the full period the Policy is in effect.

We or the Policyholder may also cancel a portion of the risk insured under the Policy on a class basis, such as termination of all persons within the same geographic, occupational, or eligibility class.

We reserve the right to review and terminate all classes insured under the Policy, if any class(es) cease(s) to be insured.

[Upon providing the Policyholder with notice of Our intent to cancel, We will cease accepting applications under the Policy. However, the Policy will not terminate with respect to inforce certificates until the last certificate cancels in accordance with its termination provisions and no person remains insured under the Policy. The Policy will only terminate earlier with respect to inforce certificates if We and the Policyholder:

1. agree to such termination;
2. arrange separately or jointly for coverage under any inforce certificate to transition to a new policy; and
3. the new policy continues such coverage for the same or similar benefits.]

**[The Termination of an Insurance Option under the Policy:** We may cancel or modify any Insurance Option if the number of Employees insured falls below the greater of:

1. 10 Covered Persons; or
2. 10% of all eligible Employees.]

## POLICY GENERAL PROVISIONS (continued)

**Payment of Premiums:** No insurance provided by the Policy will be in effect until the first premium for such insurance is paid. For insurance to remain in effect, each subsequent premium must be paid on or before its due date. The Policyholder is responsible for paying all premiums as they become due. However, the premiums may be paid to Us by any other person according to a mutual agreement among the other person, the Policyholder and Us. Premiums are payable on or before their due dates at Our Home Office.

**Premium Rate Change:** [On or after the first Policy Anniversary Date,] We have the right to change premium rates as of any Premium Due Date [but not more than once in any 6-month period.] We will notify the Policyholder in writing at least [31 days] prior to the change in rates.

The premium rate may change prior to this time however, for reasons that affect the insured risk, which include [:

1. a change occurs in benefits;
2. a division, subsidiary, or affiliated company is added or deleted;
3. the number of Employees insured changes by 10% or more; or
4. a new Law or a change in any existing Law is enacted which applies to the Policy.]

A change may take effect on an earlier date if both the Policyholder and We agree to it. Except in the case of fraud, premium adjustments, refunds or charges will be made for only the current Policy year.

**Premium Rates:** The Premium Rates for the Policy are shown below:

*[Note: Rates may be shown here, or be as on file at the office of the Policyholder]*

*[Note: UHCAC-SCHED (01/12) may follow this page and/or appear as part of the Certificate.]*

## ENROLLING GROUP SCHEDULE

**Enrolling Group:** means any Employer that has become a member of the Policyholder and elected to sponsor coverage under the Policy to its Employees. We or the Policyholder (by written notice), may add or terminate an Enrolling Group at any time subject to the Policy Termination provision with respect to cancellation on a class basis. The Policyholder will act for and on behalf of each Enrolling Group in all matters concerning the Policy.

Every act of the Policyholder, agreement made between the Policyholder and Us; and notice given by Us, or to Us by the Policyholder is binding on each Enrolling Group.

Each reference in the Policy to a relationship between the Policyholder and its Eligible Persons includes the same relationship between each Enrolling Group and its Eligible Persons, except where the Policy describes specific differences. An Eligible Person associated with an Enrolling Group will not:

1. become a Covered Person before the Group has Enrolled and been accepted; or
2. continue as a Covered Person after the Enrolling Group is terminated or otherwise ceases to qualify as an Enrolling Group.

Eligible Person means an Employee within an Eligible Class as defined in the Schedule.

**Premiums:** An Enrolling Group's premiums will be calculated based on:

1. the coverage requested; and
2. the data given to Us by the Enrolling Group.

**Data Furnished by Enrolling Group:** We may require an Enrolling Group to furnish information needed to administer the Policy. An Enrolling Group must furnish all information required by Us to:

1. compute premiums related to the Enrolling Group; and
2. maintain necessary administrative records.

Records of the Enrolling Group, which have a bearing on insurance, will be available for inspection by Us at any reasonable time.

**Termination of an Enrolling Group's Insurance:** An Enrolling Group and its Covered Persons' insurance under the Policy will terminate on [the earliest of the following dates:]

1. the Premium Due Date of any premium which remains unpaid at the end of the Grace Period;]
2. the date the Enrolling Group terminates its participation under the Policy. The Enrolling Group must give 31 days advance written notice to Us;
3. the date on which the Enrolling Group fails to comply with or intentionally makes material misrepresentation relating to the Policy;
4. the date We or the Policyholder cancel the Enrolling Group; or
5. the termination date of the Policy.]

[We also reserve the right to terminate insurance under the Policy on the date that the number of Covered Persons insured under the Enrolling Group decreases to less than:

1. 20% of all eligible Employees of an Enrolling Group, if the Enrolling Group contributes partially towards the cost of insurance;
2. 100% of all eligible Employees of an Enrolling Group, if the Enrolling Group contributes in whole towards the cost of insurance; or
3. 10 Employees.]

Name of Enrolling Group	Effective Date - Participation in Policy	Account Number	Termination Date
[ABC Organization	September 1, 2002	000-00-0000	]

## TABLE OF CONTENTS

All of the provisions in the Certificate(s) of Coverage, [riders, endorsements and any amendments] issued for the Policyholder shown below are included and made part of this Policy.

DOCUMENTS	DESCRIPTION	EFFECTIVE DATE
[Accident Certificate Of Coverage	All full-time Managers	January 1, 2012
Accident Certificate Of Coverage	All full-time Employees other than Managers	January 1, 2012 ]

# UnitedHealthcare Insurance Company

[185 Asylum Street

Hartford, Connecticut 06103-3408]

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<b>Policyholder:</b>	[ABC Company
<b>Enrolling Group:</b>	XYZ Subsidiary/Group
<b>Policyholder Effective Date:</b>	January 1, 2012
<b>Policy Number:</b>	1234
<b>Policy Anniversary Date:</b>	January 1st
<b>Plan Coverage Type:</b>	24 Hour Coverage for On Job and Off Job Injuries / Coverage for Off Job Injuries/ Low Option /Medium Option/ High Option
<b>Covered Person:</b>	As on file with the Administrator
<b>Certificate Number:</b>	As on file with the Administrator
<b>Certificate Effective Date:</b>	As on file with the Administrator
<b>Beneficiary:</b>	As on file with the Administrator]

UnitedHealthcare Insurance Company, issues this Certificate as evidence of insurance under the Policy that We issued to the Policyholder shown above.

The Policy is a legal contract between the Policyholder and UnitedHealthcare Insurance Company and it may be amended, changed, cancelled or discontinued without the consent of the Covered Person or the Covered Person's beneficiary. The Policy may be inspected at the office of the Policyholder.

This Certificate describes the benefits and other important provisions of the Policy. The benefits described in this Certificate insure persons who are eligible, become covered, and whose premiums have been paid to Us. This Certificate consists of this form[, the Schedule with the most recent Effective Date, and any additional forms made a part of this Certificate.] All time periods stated in this Certificate begin and end at 12:01 a.m. [Eastern Standard Time.] This Certificate replaces all Certificates which may have been given to the Covered Person earlier for the Policy.

## READ THE GROUP CERTIFICATE CAREFULLY

If the Policyholder or the Covered Person have questions, need information about their insurance, or need assistance in resolving complaints[, call 1-888-299-2070.]

## NOTICE TO CERTIFICATEHOLDER

This is an Accident-only Certificate and it does not pay benefits for loss from Sickness. Review this Certificate carefully. This Certificate provides limited benefits. Benefits provided are supplemental and are not intended to cover all medical expenses.

## THIS CERTIFICATE IS NOT A MEDICARE SUPPLEMENT CONTRACT

If a Covered Person is eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from the company.

This Certificate is signed for UnitedHealthcare Insurance Company by:



Thomas J. McGuire, Secretary



Jeffrey D. Alter, President

## GROUP ACCIDENT INSURANCE CERTIFICATE

## TABLE OF CONTENTS

[SCHEDULE.....	#
GENERAL DEFINITIONS .....	#
EMPLOYEE ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS.....	#
DEPENDENTS ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS.....	#
PREMIUM, CONTINUATION, AND REINSTATEMENT PROVISIONS .....	#
PORTABILITY .....	#
ACCIDENTAL DEATH AND DISMEMBERMENT SECTION .....	#
INITIAL CARE SECTION .....	#
HOSPITAL CARE SECTION.....	#
WAIVER OF PREMIUM SECTION .....	#
FOLLOW UP CARE SECTION .....	#
COMMON INJURIES SECTION .....	#
ADDITIONAL BENEFITS SECTION .....	#
EXCLUSIONS .....	#
CLAIM PROVISIONS.....	#
RIDERS.....	#

1

## SCHEDULE

[POLICYHOLDER:	ABC Company
DESCRIPTION OF ELIGIBLE CLASS:	Employees: of ABC Company who meet the Employer's eligibility requirements and are Actively at Work for at least 20 hours per week.  Dependents: as defined.
EMPLOYEE ELIGIBILITY WAITING PERIOD:	None

<b>SECTION: ACCIDENTAL DEATH AND DISMEMBERMENT</b>	<b>MAXIMUM BENEFIT AMOUNT</b>
--	-------------------------------

- |  |  |
|--|--|
| <b>1. Accidental Death and Dismemberment Benefits:</b><br>For a Covered Person who is an Employee or Spouse: <ul style="list-style-type: none"> <li>• Life \$20,000 - \$40,000</li> <li>• Both hands or Both feet \$20,000 - \$40,000</li> <li>• One hand and One foot \$20,000 - \$40,000</li> <li>• One hand or One foot \$10,000 - \$20,000</li> <li>• Two or more of fingers or toes \$4,000 - \$8,000</li> <li>• One finger or one toe \$2,000 - \$4,000</li> </ul> For a Covered Person who is a Child, amounts are 50% of those shown next to the Loss for Employee or Spouse |  |
| <b>2. Accidental Death Common Carrier Benefit</b><br>For a Covered Person who is an Employee or Spouse: \$80,000 - \$160,000<br>For a Covered Person who is a Child: \$40,000 - \$80,000   |  |

<b>SECTION: INITIAL CARE</b>	<b>MAXIMUM BENEFIT AMOUNT</b>
------------------------------	-------------------------------

- |  |                   |
|--|-------------------|
| 1. Ground Ambulance Benefit                          | \$200 - \$400     |
| 2. Air Ambulance Benefit:                            | \$1,200 - \$2,400 |
| 3. Emergency Room Treatment Benefit:                 | \$100 - \$200     |
| 4. Physician Office/Urgent Care Benefit / per visit: | \$40 - \$80       |

<b>SECTION: HOSPITAL CARE</b>	<b>MAXIMUM BENEFIT AMOUNT</b>
-------------------------------	-------------------------------

- |  |                   |
|--|-------------------|
| 1. Hospital Admission Benefit / per admission:     | \$800 - \$1,600   |
| 2. Hospital Confinement Benefit / per day:         | \$160 - \$320     |
| 3. Hospital ICU Admission Benefit / per admission: | \$2,500 - \$5,000 |
| 4. Hospital ICU Confinement Benefit / per day:     | \$500 - \$1,000   |

<b>SECTION: WAIVER OF PREMIUM</b>	Included
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<b>SECTION: FOLLOW UP CARE</b>	<b>MAXIMUM BENEFIT AMOUNT</b>
--------------------------------	-------------------------------

- |   |                 |
|---|-----------------|
| 1. Follow-Up Physician Treatment Benefit:                     | \$40 - \$80     |
| 2. Medical Appliances Benefit:                                | \$140 - \$280   |
| 3. Physical Therapy Benefit: / per day:                       | \$30 - \$60     |
| 4. Prosthetic Device/Artificial Limb Benefit / per prosthesis | \$500 - \$1,000 |
| 5. Rehabilitation Unit Benefit:                               | \$80 - \$160    |

<b>SECTION: COMMON INJURIES</b>	<b>MAXIMUM BENEFIT AMOUNT</b>
---------------------------------	-------------------------------

- |  |                   |
|--|-------------------|
| 1. Abdominal / Thoracic Surgery Benefit: |                   |
| • Surgery to repair                      | \$1,000 - \$2,000 |
| • Exploratory Surgery without repair     | \$100 - \$200 ]   |



## SCHEDULE

### [SECTION: COMMON INJURIES (Continued)]

### MAXIMUM BENEFIT AMOUNT

<b>2. Blood/Plasma/Platelets Benefit:</b>	\$280 - \$560	
<b>3. Burn Benefit:</b>		
• 2nd Degree (at least 36% of body surface)	\$ 500 - \$1,000	
• 3rd Degree (9 to 34 square inches)	\$1,000 - \$2,000	
• 3rd Degree (35 or more square inches)	\$8,000 - \$16,000	
<b>4. Coma Benefit:</b>	\$10,000 - \$20,000	
<b>5. Concussion Benefit:</b>	\$140 - \$280	
<b>6. Dental Emergency Benefit:</b>		
• For broken teeth repaired with crown(s)	\$200 - \$400	
• For broken teeth resulting in extractions	\$80 - \$160	
<b>7. Dislocation (Separated Joint) Benefit:</b>	<b>Open Reduction</b>	<b>Closed Reduction with Anesthesia</b>
<b>Surgical Reduction Type:</b>		
• Hip	\$3,200 - \$6,400	\$1,600 - \$3,200
• Knee (except Patella)	\$2,000 - \$4,000	\$1,000 - \$2,000
• Ankle or Foot (other than toes)	\$1,280 - \$2,560	\$640 - \$1,280
• Collar Bone (Sternoclavicular)	\$800 - \$1,600	\$400 - \$800
• Lower Jaw	\$480 - \$960	\$240 - \$480
• Shoulder (Glenohumeral)	\$480 - \$960	\$240 - \$480
• Elbow	\$480 - \$960	\$240 - \$480
• Wrist	\$480 - \$960	\$240 - \$480
• Hand (other than fingers)	\$480 - \$960	\$240 - \$480
• Collar Bone (Acromioclavicular)	\$160 - \$320	\$80 - \$160
• One Toe or Finger	\$160 - \$320	\$80 - \$160
<b>For Closed Surgical Reduction without Anesthesia:</b>	25% of amount shown for Closed with Anesthesia.	
<b>8. Eye Surgery Benefit:</b>	\$200 - \$400	
<b>9. Family Child Daycare Benefit / per day:</b>	\$28 - \$56	
<b>10. Family Lodging Benefit / per night</b>	\$140 - \$280	
<b>11. Fracture Benefit:</b>	<b>Open Reduction</b>	<b>Closed Reduction with Anesthesia</b>
<b>Surgical Reduction Type:</b>		
• Skull (except bones of face or nose)		
Depressed	\$4,000 - \$8,000	\$2,000 - \$4,000
Simple	\$1,600 - \$3,200	\$800 - \$1,600
• Hip, Thigh (Femur)	\$2,400 - \$4,800	\$1,200 - \$2,400
• Vertebrae (body of)	\$1,280 - \$2,560	\$640 - \$1,280
• Pelvis (excluding coccyx)	\$1,280 - \$2,560	\$640 - \$1,280
• Leg	\$1,280 - \$2,560	\$640 - \$1,280
• Face or nose	\$560 - \$1,120	\$280 - \$560
• Upper Jaw (except Alveolar process)	\$560 - \$1,120	\$280 - \$560
• Upper Arm (Elbow to Shoulder)	\$560 - \$1,120	\$280 - \$560
• Lower Jaw (except Alveolar process)	\$480 - \$960	\$240 - \$480
• Shoulder Blade or Collarbone	\$480 - \$960	\$240 - \$480
• Vertebral Process	\$480 - \$960	\$240 - \$480
• Forearm, hand, wrist (except fingers)	\$480 - \$960	\$240 - \$480
• Kneecap	\$480 - \$960	\$240 - \$480
• Foot (excluding toes)	\$480 - \$960	\$240 - \$480
• Ankle	\$480 - \$960	\$240 - \$480
• Rib	\$400 - \$800	\$200 - \$400
• Coccyx	\$320 - \$640	\$160 - \$320
• Finger or toe	\$80 - \$160	\$40 - \$80
<b>For Chip Fractures:</b>	25% of amounts shown for Closed with Anesthesia ]	

## SCHEDULE

[SECTION: COMMON INJURIES (Continued)	MAXIMUM BENEFIT AMOUNT
<b>12. Laceration Benefit:</b>	
• Laceration not requiring stitches, staple, or glue	\$30 - \$60
• Total of All Lacerations:	
Not more than 5 cm	\$50 - \$100
More than 5 cm, but less than 15 cm	\$200 - \$400
More than 15 cm	\$400 - \$800
<b>13. Major Diagnostic Exam Benefit</b>	\$160 - \$320
<b>14. Organized Sporting Activity Injury Benefit:</b>	
• increases amounts payable under Follow Up Care and Common Injuries Sections by:	Lesser of:
• but in no event more than:	<ul style="list-style-type: none"> <li>• 25%; or</li> <li>• \$10,000</li> </ul>
<b>15. Paralysis Benefit:</b>	
• Maximum Benefit for Quadraplegia:	\$10,000 - \$20,000
• Maximum Benefit for Paraplegia	\$5,000 - \$10,000
• Maximum Benefit for Hemiplegia	\$5,000 - \$10,000
<b>16. Ruptured Disc Benefit:</b>	\$400 - \$800
<b>17. Skin Grafts Benefit:</b>	
• Percentage of Amount Payable under the Burn Benefit:	25%
<b>18. Tendon/Ligament/Rotator Cuff/Knee Cartilage Benefit:</b>	
• Surgery to repair	\$400 - \$800
• Exploratory surgery without repair:	\$140 - \$280
<b>19. Transportation Benefit:</b>	\$400 - \$800

SECTION: ADDITIONAL BENEFITS	MAXIMUM BENEFIT AMOUNT
<b>1. Accident Medical Expense Benefit:</b>	\$250 - \$2,500
<b>2. Catastrophic Accident Benefit</b>	
For a Covered Person who is:	
• Employee or Spouse under Age 70:	\$40,000 - \$80,000
• Employee or Spouse Age 70 or over:	\$20,000 - \$40,000
• Child:	\$20,000 - \$40,000
<b>3. Occupational HIV Benefit: (not applicable to a Child)</b>	\$20,000 - \$40,000
<b>4. Wellness Benefit: (not applicable to a Child)</b>	
• Per calendar year	\$100 - \$200]

**UnitedHealthcare Insurance Company**  
**Hartford, Connecticut 06103-3408**

Signed for the Company by:



Thomas J. McGuire, Secretary



Jeffrey D. Alter, President

## GENERAL DEFINITIONS

*Large brackets denote that inapplicable definitions may be removed. When used, variability is as shown in the definition.*

The male pronoun, whenever used in the Policy, includes the female.

**Accident:** an unforeseen occurrence which results in bodily Injury to a Covered Person while coverage is in force.

**Active Work or Actively at Work:** The [Primary] Covered Person [reports for work at:

1. his usual place of employment; or
2. any other business location where the Covered Person is required to travel and is able to perform the material and substantial duties of his regular occupation for the entire normal workday.

The Primary Covered Person must be working at least the minimum number of hours per week in an Eligible Class, as shown in the Schedule of Benefits. Unless Disabled on the prior workday or on the day of absence, a Primary Covered Person will be considered Actively at Work on the following days:

1. a Saturday, Sunday or holiday which is not a scheduled workday;
2. a paid vacation day, or other scheduled or unscheduled non-workday; or
3. an excused or emergency leave of absence (except medical leave).]

**Age:** the Covered Person's age [on his last birthday.]

**Beneficiary:** the person(s) that the [Primary] Covered Person names in writing to receive any amount of insurance payable due to his death. The [Primary] Covered Person may name or change a beneficiary by giving written notice to [Us at Our Home Office, or to his Employer if the administrator]. The notice must be on a form acceptable to Us. When We receive the notice, it will be effective on the date made, subject to any payment We may have made before We receive it. If more than one beneficiary is named, those who survive will share equally unless the beneficiary designation specifies otherwise. If there is no named beneficiary living at the time of the death, We will pay any amount due [in the following order:

1. to the Primary Covered Person's legal Spouse; or
2. to the Primary Covered Person's natural or legally adopted children in equal shares; or
3. ]to the Primary Covered Person's estate.

[The Primary Covered Person is the Beneficiary for Dependents coverage, if any.]

**Change in Family Status[:**

1. a change in marital status (marriage, divorce, legal separation, annulment);
2. a change in the number of Dependents for tax purposes (birth, legal adoption of a Child, placement of a Child for adoption, or death of a Dependent);
3. certain changes in employment status that affect benefits eligibility for the Primary Covered Person or a Dependent such as termination of employment, a strike or lockout, the start of or return from an unpaid leave of absence, a change in worksite, a change in work schedule (between full-time and part-time work, decrease or increase in hours);
4. a change of residence;
5. a significant increase in the cost of coverage or a significant reduction in the benefit coverage under the Primary Covered Person's insurance or that of a Dependent who is a Spouse;
6. the addition, elimination, or significant curtailment of, a coverage option;
7. a change in the Primary Covered Person's coverage during another Employer's Annual Enrollment, Re-Enrollment period when the other plan has a different period of coverage.]

**Covered Accident:** an accident that occurs while the Covered Person's insurance is in force [for an Off Job Injury] subject to all the terms, limits, and exclusions of the Policy.

**Covered Person:** [an Employee or a Dependent] while the person is eligible and insured under the Policy, and premium has been paid for the person.

**Contributory or Non-Contributory insurance:** Contributory insurance is insurance for which the [Primary] Covered Person must apply and agree to make the required premium contributions.

Non-Contributory insurance is insurance for which the [Primary] Covered Person does not have to make any premium contributions.

## GENERAL DEFINITIONS

**Dependent:** the [Employee's Spouse or Child,] as defined below[, provided the Dependent lives in the United States.] The [Employee] must be covered under the Policy in order to insure Dependents. [No one can be a dependent of more than one Covered Person.]

**Spouse** means a legal Spouse [including a Domestic Partner.]

**Child** means [a married or unmarried Child, under Age 26,] who is:

1. a natural Child;
2. a stepchild;
3. a legally adopted Child;
4. a Child placed for adoption; or
5. a Child for whom legal guardianship has been awarded to the Covered Person [or the Covered Person's Spouse.]

The Child will cease to be an eligible Dependent [on the last day of the Calendar Year following the date the Child reaches the Maximum Age for Dependent Child unless the Child is an Eligible Student or an Incapacitated Child.]

[A Child is an Eligible Student if he is:

1. not married;
2. not in the armed forces of any country;
3. not insured under the Policy as a Covered Person;
4. under the Maximum Age of Student as shown in the Schedule of Benefits;
5. attending an accredited post-secondary school (other than a correspondence school) on a full-time basis as defined by the post-secondary school; and
6. is enrolled in the next scheduled term.

A Child is an Incapacitated Child if he is unmarried, physically or mentally disabled, and financially dependent upon the Covered Person.]

**Domestic Partner:** a person [of the opposite or same sex] with whom the [Employee] has established a Domestic Partnership.

**Domestic Partnership:** a relationship between [an Employee] and one other person [of the opposite or same sex.] All of the following requirements apply to both persons[:

1. they must not be related by blood or a degree of closeness that would prohibit marriage in the law of the state in which they reside;
2. they must not be currently married to, or a Domestic Partner of another person under either statutory or common law;
3. they must share the same permanent residence and the common necessities of life;
4. they must be at least 18 years of age;
5. they must be mentally competent to consent to contract;
6. they must be financially interdependent and have furnished documents to support the following conditions of such financial interdependence:
  - a. they have a single dedicated relationship of at least 24 months duration;
  - b. they have at least two of the following;
    - a joint ownership of an automobile;
    - a joint checking, bank or investment account;
    - a joint credit account;
    - a joint ownership or a lease for a residence identifying both partners as tenants; or
    - a will and/or life insurance policies which designates the other as Primary beneficiary;
7. the Primary Covered Person and the Domestic Partner must jointly sign the required Affidavit of Domestic Partnership prior to coverage being issued.]

## GENERAL DEFINITIONS

**Emergency Room:** a specified area within a Hospital that is designated for the emergency care of accidental injuries and it must:

1. be staffed and equipped to handle trauma;
2. be supervised and provide Treatment by Physicians; and
3. provide 24 hours a day service by registered graduate nurses (RNs).

**[Employee:]** a person who is [authorized to work and reside in the United States and is:

1. directly employed in the normal business of the Employer /Enrolling Group;
2. paid for services by the Employer /Enrolling Group; and
3. Actively at Work for the Employer /Enrolling Group, or any subsidiary or affiliate insured under the Policy.

No person who is an independent contractor or temporarily employed by the Employer / Enrolling Group will be considered an Employee. No director or officer of an Employer /Enrolling Group will be considered an Employee unless he meets the above conditions.]

**[Employer]:** the Policyholder [and includes any division, subsidiary, or affiliated company named in the Policy. Employer does not include Employers of other related areas of practice for which the Primary Covered Person may also work.]

**Enroll or Enrollment:** a completed written request for enrollment or a change in coverage, for which the [Employee or his Dependent] is eligible and [which is:

1. given to the Employer during an Enrollment Period, or within 31 days of a Change in Family Status; and
2. ]on a form furnished by Us for making such request.

**Enrollment Period:** [the Initial Enrollment Period or Re-Enrollment Period as follows:

1. Initial Enrollment Period is] the period during which the [Employee may first] apply in writing for insurance[.
2. Re-Enrollment Period is the period of time following the Initial Enrollment Period determined by the Employer and Us during which the Primary Covered Person may apply in writing for insurance under the Policy or change insurance coverage under the Policy.]

**Hospital:** an institution which:

1. operates pursuant to law;
2. primarily and continuously provides medical care and Treatment of sick and injured persons on an Inpatient basis;
3. operates facilities for medical and surgical diagnosis and Treatment by or under the supervision of a staff of legally qualified Physicians;
4. provides 24 hour a day nursing service by or under the supervision of registered graduate nurses (R.N.); and
5. is located within the United States or its territories and is approved as a Hospital by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO).

Hospital does not mean any institution or part thereof which is used primarily as:

1. a nursing home, or convalescent home, or Skilled Nursing Facility;
2. a place for rest, custodial care, or for the aged;
3. a clinic; or
4. a place for the Treatment of Mental Illness, alcoholism, or drug addiction.

**Hospital Confined or Hospital Confinement:** being an Inpatient in a Hospital due to an Injury that resulted from a Covered Accident. There must be a charge for at least one full day of room and board for any day to be considered a day of Confinement. [Successive periods of Confinement which are:

1. separated by less than 90 days; and
2. due to the same Covered Accident;

will be considered the same period of Confinement.]

**Immediate Family:** a person's spouse [or domestic partner,]child, parent or sibling[; or the spouse's or domestic partner's child, parent or sibling.]

## GENERAL DEFINITIONS

**Injury:** bodily injury that is the direct result of a Covered Accident and that occurs while insured under the Policy as a Covered Person. The Injury must:

1. be caused by the accident and independent of all other causes[; and
2. be initially diagnosed by a Physician within 30 days of the Covered Accident.]

The Covered Accident must occur while insured under the Policy as a Covered Person.

Loss resulting from:

1. pregnancy, Sickness, illness, or disease, except for pyogenic infection through an accidental wound; or
2. medical or surgical Treatment of pregnancy, Sickness, illness or disease;

is not considered the result of Injury.

**On Job Injury:** an Injury that is due to an accident that occurs while the Covered Person is:

1. working for pay or profit[, or while on an assignment for his Employer]; or
2. on the premises of the [Employer during working hours.]

**Off Job Injury:** an Injury that is **not** due to an accident that occurs while the Covered Person is:

1. working for pay or profit[, or while on an assignment for his Employer]; or
2. on the premises of the [Employer during working hours.]

**Outpatient:** Treatment received by a Covered Person [at a Hospital] when there is no charge for room and board.

**Physician:** any practitioner of the healing arts who:

1. is duly licensed in the state [or Province] in which the Treatment is received; and
2. is acting within the scope of his license; and
3. is not the Covered Person [or a member of his Immediate Family.]

**Policy Anniversary Date:** the annual renewal date of the group insurance contract between Us and the Policyholder.

**Policy:** the master group insurance policy issued to the group Policyholder [under Policy number XXX].

**Policyholder:** the group named as the Policyholder on the face page of this Certificate.

**[Primary] Covered Person:** the [Employee] who has become a Covered Person. [If the Employee dies, and his Spouse continues Covered Person's insurance under any Portability or Continuation provision, the Spouse becomes the Primary Covered Person for the purposes of his coverage and that of any Dependents whose coverage is continued.]

**Sickness:** any illness, infection, disease or any other abnormal physical condition which is not Injury and not caused by an Accident. The term Sickness includes pregnancy, infection (except for pyogenic infection through an accidental wound) and any other abnormal physical condition which is not caused by an Accident. The Policy provides coverage for accidental Injury only. No benefits are provided for loss resulting from Sickness.

**Treatment:** [consultation, advice, tests, attendance or observation, Hospital Confinement, supplies or equipment, including the prescription or use of prescription drugs or medicines.]

**United States:** the territorial limits of:

1. the 50 United States; and
2. the District of Columbia[; and
3. Puerto Rico, the U.S. Virgin Islands, Guam and American Samoa.]

**We, Us or Our:** [the insurance company named on the face page of this Certificate or its Administrator.]

**Written Request:** a written request made on the form We furnish for making the request. [An Employee] must use forms provided by Us when enrolling for insurance.

## **[EMPLOYEE] ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS**

**[Employee] Eligibility:** [An Employee] will become eligible for coverage on the later to occur of:

1. the Effective Date of the Policy[;]
2. the date the Employee completes the Eligibility Waiting Period for Coverage shown in the Schedule;]
- or
3. the date [the Employee] becomes [a member of an Eligible Class included in the Policy.]

**Enrolling in [or Changing Employee] Insurance:** [The Employer will automatically Enroll the Employee for any Non-Contributory insurance. For Contributory insurance and changes to Contributory insurance, the Employee must complete Enrollment during:

1. an Enrollment Period; or
2. within 31 days of a Change in Family Status.

If the Employee does not Enroll, the Employee will not have coverage under the Contributory insurance.]

**Effective Date of [Employee] Insurance [or Change in Insurance:]** The [Employee]'s insurance will become effective and the [Employee] will become a Covered Person on [the later to occur of:

1. the Policy Effective Date;
2. the date the Employee becomes Eligible for Non-Contributory insurance;
3. the date the Employee becomes Eligible for Contributory insurance if the Employee Enrolls during the Initial Enrollment Period; or
4. the date the Employee is Actively at Work.]

[If the Employee Enrolls for Contributory insurance, and makes a change in coverage during a Re-Enrollment Period or within 31 days of a Change in Family Status, the insurance will become effective on the later to occur of:

1. the first day of the pay period following the Enrollment;
2. the first day of the pay period in which the Employer remits required premium to Us; or
3. the date the Employee is Actively at Work with respect to an Enrollment that increases insurance.

If an Employee who is a Covered Person does not Re-Enroll for insurance during a Re-Enrollment Period, the Employee will continue to have the same insurance as he had prior to that Re-Enrollment Period.]

*Large brackets denote that provision may be removed. When used, variability is as shown.*

**Deferred Effective Date of [Employee] Insurance:** If [an Employee] is [not Actively at Work] on:

1. the date that the insurance is scheduled to take effect[; or
2. the date a change in coverage that increases insurance is scheduled to take effect;]

the effective date will be deferred until the day after the date the [Employee returns to Active Work.]

**Termination of [Employee] Insurance:** An [Employee] will cease to be a Covered Person and [the Employees] insurance will terminate on [the earliest of the following dates:

1. the last day of the period for which premium was paid, if the next payment is not made when due, subject to the Continuation during Grace Period provision;
2. the date the Employee becomes a member of the armed forces on active duty, except:
  - a. for duty of 30 days or less for training in the Reserves or National Guard; or
  - b. to the extent coverage is continued under the Leave of Absence Continuation provision;
3. the date the Employee ceases to be a member of a class eligible for insurance;
4. the date the Policy terminates, or with respect to a specific benefit, the date that such benefit terminates;
5. the date the Employee is no longer Actively at Work due to a labor dispute, including but not limited to strike, work slow down or lock out; or
6. the date the Employee ceases to be Actively at Work for any other reason, unless Active Work ceases during an approved layoff, medical or non-medical leave of absence, then the insurance will continue for up to 3 months from the date he stopped Active Work.]

## DEPENDENT ELIGIBILITY, EFFECTIVE DATE AND TERMINATION PROVISIONS

**Dependent Eligibility:** Dependents are eligible for insurance on the later to occur of the following dates:

1. the date the [Employee] becomes eligible for Dependent Insurance; or
2. the date a person becomes a Dependent.

[A Dependent will not be eligible for Dependent insurance if the Dependent:

1. is eligible for insurance under the Policy as an Employee; or
2. is a member of the armed forces on active duty, except for duty of 30 days or less for training in the Reserves or National Guard.]

Dependents are not eligible for any benefit or amount that is more than the [Employee]'s benefit.

**Enrolling in [or Changing] Dependent Insurance:** To Enroll a Dependent [and make changes to Dependent insurance, the Employee must complete Enrollment during:

1. an Enrollment Period; or
2. within 31 days of a Change in Family Status.]

If the [Employee] does not Enroll his Dependents, he will not have Dependent insurance. The [Employee] may enroll for Dependent insurance for [Spouse only, Children only, or both Spouse and Children.]

**Dependent Effective Date of Insurance [or Change:]** A Dependent's insurance will become effective and the Dependent will become a Covered Person on [the later to occur of:

1. ]the date the Dependent becomes a Dependent as defined[;
2. the date the Employee becomes eligible for the Dependent's insurance;
3. the first day of the pay period following the date of the Enrollment;
4. the first day of the pay period in which the Employer remits required premium to Us for the Dependent coverage; or
5. the date the Employee becomes a Covered Person.]

[The Employee must be Actively at work for the Dependent Coverage to become effective.

If the Employee does not Re-Enroll for Dependent Insurance during a Re-Enrollment Period, he will continue to have the same insurance on the same Dependent(s) as applied prior to that Re-Enrollment Period.]

**Deferred Dependent Effective Date of Insurance:** If [an Employee] is not [Actively at Work] on:

1. the date the Dependent insurance is scheduled to take effect[; or
2. the date a change in Dependent coverage that increases the Dependent insurance is scheduled to take effect;]

the effective date will be deferred until the day after the date [the Employee returns to Active Work.]

**Newborn Child:** [A newborn child will become covered under the Policy from the moment of live birth if an Employee's other Dependent children are insured on that date. The child will be covered for Injury only, and have the same benefits as the Employee's other Dependent Children.] The [Employee] should notify Us that the [Employee] has a newborn child within 31 days of the child's birth.

**Termination of Dependent Insurance:** Dependent insurance will terminate on the earliest to occur of the following dates:

1. the date the Dependent ceases to be a Dependent as defined in the Policy[, including his attainment of the limiting age stated for a Dependent who is a Child;
2. the date the Dependent ceases to be a member of a class eligible for Dependent insurance;
3. the date the Employee's insurance terminate under the Policy;
4. the date the Dependent becomes a member of the armed forces on active duty, except:
  - a. for duty of 30 days or less for training in the Reserves or National Guard; or
  - b. to the extent coverage is continued under the Leave of Absence Continuation provision;]
5. the last day of the period for which a Dependent's required premium payment is made, if the next payment is not made[;
6. the date the Policy terminates, or with respect to a specific benefit, the date that such benefit terminates.]



## PREMIUM, CONTINUATION, AND REINSTATEMENT

**Premiums Payment:** The first premium for each Covered Person is due on his effective date of coverage. Each premium after the initial premium is due at the end of the period for which the preceding premium was paid. Premiums may change if the group policy rates change. Premiums may also change based on changes to the person's coverage or class. [If an error in the record is discovered that involves the return of unearned premium, the refund will not exceed 12 months.]

**Continuation during Grace Period:** A Grace Period of [31 days] will be allowed for the payment of each premium after the first premium payment. During the Grace Period, the insurance will continue in effect provided the premium is paid [by the Policyholder] before the end of the Grace Period. The Grace Period will not continue the insurance beyond a date stated in a Termination Provision.

*Large brackets denote that provisions may be removed. When used, variability is as shown.*

**Continuation during Leave of Absence:** If [an Employee] who is a Covered Person is on Family or Medical Leave of Absence, or other leave of absence required by an applicable state or federal law, continuation of the [Employee]'s insurance will be [governed by the Employer's policy on such leave not to exceed the greater of:

1. the leave period required by the Family and Medical Leave Act of 1993 (FMLA)
2. the leave period required by the Uniformed Services Employment and Reemployment Rights Act (USERRA);] or
3. the minimum leave period required by applicable state law.

We will continue the Covered Person's insurance if the premium continues to be paid. If the premium is not paid, the Covered Person's insurance will lapse. [When the Employee returns to Active Work, the Employee may re-enroll for the insurance that the Employee had prior to the Leave. If the Employee re-enrolls within 31 days of his return, the Employee will not have to meet a new Employee Waiting Period. However, time spent on a Leave of Absence without insurance will not count toward satisfying an Employee Waiting Period for any Employee who was not insured on the date his Leave began.]

**Reinstatement of Rehired [Employees]:** If [an Employee] who is a Covered Person ends employment and is rehired [within a year,] the [Employee] may be insured on [his eligibility date for the insurance that he had under the Policy on the date the Employee's employment ended.]

**Reinstatement following Military Service:** If a Covered Person's insurance under the Certificate terminates due to active duty in one of the uniformed services of the United States military, the Covered Person will have the right to renew coverage on the same basis as before the suspension in the coverage took place, provided:

1. the Covered Person is in the service for a period of [five years or less;]
2. the Covered Person applies for reinstatement of coverage and pays the required premium [within 60 days] of his discharge from the service;
3. the Policy is still in force; and
4. the Covered Person is eligible for coverage[, and Actively at Work.]

As used above, uniformed services of the United States military is defined in [Chapter 43 of Title 38.] The coverage will become effective on the first day of the month after military service terminates. [The Policy will not cover Injury resulting from the military service.]

**Continuation of an Incapacitated Child:** If, on the date a Child reaches Age [26,] he is:

1. covered under the Policy; and
2. an Incapacitated Child, as defined;

his coverage will not terminate solely due to Age.

The Child's coverage will continue as long as:

1. the Child qualifies as an Incapacitated Child; and
2. the required premium is paid.

We may, from time to time, require proof of continued incapacity and dependency. After the first two years, We cannot require proof [more than once] each year.

## PORTABILITY

**Portability:** If the insurance of a Covered Person [who is:

1. an Employee] ends [because his employment with the Employer ends; or
2. a Spouse ends due to the Employee's death;]

such Covered Person may choose to continue coverage under a group Portability policy[, provided he has been insured under the Policy for at least 6 months.]

The Covered Person may port his insurance [and any Dependent insurance.] However, the insurance cannot be ported if coverage ends because[:

1. the Covered Person failed to pay premium for the cost of his insurance;
2. if the Employee, the Covered Person is on an approved leave of absence or Retires;
3. the group policy is terminating;
4. the Covered Person is or becomes insured under another group accident policy;
5. the Covered Person resides outside of the United States or in a state where the coverage is not available; or
6. the Covered Person is actively in military service or entering active military service.]

To apply for Portability insurance, [within 31 days], the Covered Person must:

1. submit a written application to Us; and
2. pay the first month's premium.

If the above conditions are met, such insurance will[:

1. be issued without evidence of insurability; and
2. ]continue to be in effect provided the Covered Person continues to pay the cost of the insurance.

A Covered Person's Portability insurance will end on the earliest of:

1. the date the required premium is not paid when due[;
2. the date the Covered Person becomes insured under another group accident Policy;
3. the date the Covered Person Retires; or
4. the date the Covered Person attains any Policy Age limit that applies to him under the Portability policy.]

[In addition, if the Covered Person is a Dependent under the Portability Policy, the Dependent's Portability insurance will end on the earlier of:

1. the date the Employee's coverage under the ported policy terminates; or
2. the date the Dependent ceases to qualify as a Dependents as defined in the ported policy.]

[If the Employee is rehired after porting insurance, the Employee must lapse the ported insurance to Re-Enroll as a Covered Person under the Policy.]

[The Portability coverage will be on the form the Insurer is then issuing for this Accident Insurance for Portability purposes.]

**Insurer** as used in this provision means Us or another insurance company which has agreed with Us to issue Portability coverage according to this Portability provision. [The Portability coverage may differ from the Covered Person's coverage under the Policy.] The premium for the Portability coverage will be based on the coverage [and form of the Portability policy, as well as the Covered Person's age and risk class.]

**[Retire** means, for purposes of Portability, the Covered Person has concluded his working career on a full-time basis and:

1. the Covered Person is receiving payments from a governmental retirement plan or any Employer; or
2. the Covered Person is receiving Social Security Retirement benefits.]

## ACCIDENTAL DEATH AND DISMEMBERMENT SECTION

**Accidental Death [and Dismemberment Benefit:]** We will pay [the Maximum Benefit Amount] shown for a Loss stated in the Schedule if:

1. the Covered Person sustains an Injury in a Covered Accident resulting in such Loss; and
2. the Loss occurs [within 90 days] of the date of the Covered Accident.

We will not pay more than [the Maximum Benefit Amount shown next to the one Loss that would pay the largest benefit for all Losses sustained by a Covered Person as the result of any one Covered Accident.]

The Maximum Benefit Amount that applies to each Covered Person is shown in the Schedule.

The term **Loss** as used in the Schedule means[:

1. **Loss of finger or toe:** actual, complete and permanent severance through or above the metacarpophalangeal joints.
2. **Loss of hands or feet:** severance at or above the wrist or ankle. ]

*Large brackets denote that provision may be removed. When used, variability is as shown.*

**Accidental Death Common Carrier Benefit:** We will double the Maximum Benefit Amount payable under the Accidental Death and Dismemberment Benefit if:

1. a Covered Person sustains an Injury while a fare paying passenger (not as a pilot or crew member) on a Common Carrier;
2. the Injury results in the Covered Person's Loss of life; and
3. the Loss of life occurs[ within 90 days] of the Covered Accident that caused the Covered Person's Injury.

[The aggregate total under both benefits in this Section will not exceed two times the Covered Person's Maximum Benefit Amount shown in the Schedule for the Accidental Death and Dismemberment Benefit.]

The term **Common Carrier** means a common public passenger carrier that:

1. has a published schedule; and
2. is licensed for the transportation of passengers for hire.

However, Common Carrier does not include any mode of transportation which is:

1. a taxi or privately chartered vehicle;
2. used for a sport, game, contest, sightseeing, observatory or recreational activity;
3. an aircraft owned, operated, chartered or leased by or for the Policyholder[; or
4. an aircraft operated by the United States Air Mobility Command (AMC) or similar transport service of any government or international authority.]

## INITIAL CARE SECTION

*Large brackets denote that provision may be removed. When used, variability is as shown.*

**Ground Ambulance Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if:

1. a Covered Person sustains an Injury which results in the Covered Person's ground transport by a licensed professional ambulance company:
  - a. to or from a Hospital; or
  - b. between medical facilities;for Treatment of Injuries received as the result of a Covered Accident; and
2. the ground transport occurs [within 90 days] of the Covered Accident which caused the Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Air Ambulance Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if:

1. a Covered Person sustains an Injury which results in the Covered Person's air transport by a licensed professional ambulance company:
  - a. to or from a Hospital; or
  - b. between medical facilities;for Treatment of Injuries received as the result of a Covered Accident; and
2. the air transport occurs [within 72 hours] of the Covered Accident which caused the Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Emergency Room Treatment Benefit:** We will pay [the lesser of:

1. the ]Maximum Benefit Amount shown for this Benefit in the Schedule[; or
2. the Maximum Benefit Amount shown for this Benefit in the Schedule minus any amount payable under the Physician Office / Urgent Care Visit Benefit;]

if a Covered Person sustains an Injury which results in the Covered Person's Emergency Room Treatment by a Physician. The Emergency Room Treatment must occur [within 72 hours] of the Covered Accident.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Physician Office / Urgent Care Visit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if:

1. a Covered Person sustains an Injury which results in the Covered Person's visit for Treatment to:
  - a. a Physician's office; or
  - b. an urgent care facility, other than an Emergency Room; and
2. the visit occurs [within 30 days] of the Covered Accident that caused the Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

## HOSPITAL CARE SECTION

*Large brackets denote that provision may be removed. When used, variability is as shown.*

**Hospital Admission Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in the Covered Person's admission to the Hospital as an Inpatient. The admission must begin [within 30 days] of the Covered Accident which caused the Injury. This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Hospital Confinement Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule for each day of the Covered Person's Hospital Confinement if:

1. a Covered Person sustains an Injury which results in the Covered Person's admission to the Hospital as an Inpatient; and
2. the Inpatient Hospital Confinement begins[:
  - a. within 30 days] of a Covered Accident which caused the Injury; and
  - b. while the Covered Person's insurance is in force.

We will not pay for any part of the Hospital Confinement that extends beyond a maximum payment period of [365 days] for all Hospital Confinements of the Covered Person that are due to the same Covered Accident.

The term **Inpatient** means admitted to the Hospital as an Inpatient and for a day of Hospital Confinement[:

1. that is at least 20 hours duration; and
2. ]for which a full day's room and board charge is made.

It does not include an emergency room admission, any Outpatient Treatment or any stay in an observation area or unit when there is no charge for room and board[, or the stay is for less than 20 hours duration.]

**Hospital Intensive Care Unit Admission Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if:

1. the Covered Person sustains an Injury as the result of a Covered Accident;
2. such Injury results in the Covered Person's admission to the Intensive Care Unit of a Hospital; and
3. the Intensive Care Unit Confinement occurs during a period of Hospital Confinement which is covered under this section of the Policy.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Hospital Intensive Care Unit Confinement Benefit:** We will increase the Maximum Benefit Amount shown in the Schedule payable per day under the Hospital Confinement Benefit if:

1. a Covered Person sustains an Injury as the result of a Covered Accident;
2. such Injury results in the Covered Person's admission to an Intensive Care Unit of a Hospital; and
3. the day of Intensive Care Unit Confinement coincides with a day of Hospital Confinement which is covered under this section of the Policy.

The increased amount is shown in the Schedule. When the increased Intensive Care Unit benefit amount applies, the original amount stated for the Hospital Confinement Benefit is not also due for the same day. We will not pay for any part of the Hospital Confinement that extends beyond a maximum payment period of [30 days.]

The term, **Intensive Care Unit ("ICU")** means a Hospital unit that provides the highest level of medical care and in which patients are grouped in an area where:

1. facilities and staff are tailored to the special needs of the seriously ill or injured;
2. patients require intensive and comprehensive observation and care;
3. 24 hour per day care by registered graduate nurses is provided; and
4. life saving drugs and equipment are always at hand.

Such units must render care more intensive than that rendered in the general surgical or medical nursing units which treat most of the Hospital's inpatients. An Intensive Care Unit is not a sub-acute intensive care unit which provides a level of medical care below intensive care, but above a regular private or semi-private room or ward. Intensive Care Unit does not include a recovery room providing post operative confinement of less than 24 hours duration.

## WAIVER OF PREMIUM SECTION

**Waiver of Premium Benefit:** If the [Primary] Covered Person gives us proof that he is Totally Disabled for [30 continuous days] and his period of Total Disability:

1. commenced while covered under the Policy;
2. is due to an Injury that resulted from a Covered Accident;

We will waive [further premiums becoming due for insurance] under the Certificate [not to exceed a maximum waiver period of 6 months during any 24 month period.]

**Total Disability or Totally Disabled:** Such Covered Person will be considered Totally Disabled if:

1. the Covered Person is [unable to perform each and every duty of his occupation at his usual place of employment; and
2. the Covered Person is unable to do the material and substantial duties of any job suited to his education, training or experience.]

[We may require the Covered Person to be examined by a Physician, other medical practitioner or vocational expert of Our choice. We will pay for this examination. We can require an examination as often as it is reasonable to do so.]

**Proof of Total Disability:** We will provide forms that must be used when giving Us proof of Total Disability. The proof must be given to Us no later than [60 days] after the date the Totally Disability began. We may at any time require proof that Total Disability continues. The proof must be given to Us within [60 days] after Our request.

**Termination of Waiver of Premium:** We will cease waiving premiums on the first to occur of the following dates:

1. the date such Covered Person ceases to be Totally Disabled;
2. the date that premiums have been waived for [a total of 6 months, whether continuous or intermittent, during any 24 consecutive month period;]
3. the last day of [a 60 day period] following Our request for proof of Total Disability, if the Covered Person does not give Us proof [or refuses to take a medical exam.]

[If this Waiver applies to a partial month, it will be pro-rated.]

## FOLLOW UP CARE SECTION

*Large brackets denote that provision may be removed. When used, variability is as shown.*

**Follow Up Physician Treatment Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury for which[:

1. benefits were payable under either the Emergency Room Treatment Benefit or the Physician Office / Urgent Care Visit Benefit;]
2. follow-up Treatment was recommended by a Physician;
3. the recommendation results in the Covered Person's follow up Treatment visit to a Physician;
4. the Covered Person is insured under the Policy at the time of the follow up Treatment visit.

The follow-up visit must occur [within 90 days] of the Covered Accident that caused the Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Medical Appliance Benefit:** We will pay the lesser of:

1. the Maximum Benefit Amount shown for this Benefit in the Schedule; or
2. the covered expense incurred;

if a Covered Person sustains an Injury for which a Physician prescribes a medical appliance that aids in personal mobility.

The expense for the Medical Appliance must be incurred [within 90 days] of the Covered Accident that caused the Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

The term **Medical Appliance** as used in this benefit means[: crutches or cane; wheelchair; back or leg brace; or a walker].

**Physical Therapy Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in the Covered Person's incurral of expenses for physical therapy. The physical therapy must:

1. be prescribed by a Physician;
2. received from a Physical Therapist;
3. performed in a Hospital or Physical Therapist's office; and
4. occur within [6 months] from:
  - a. the date of the Covered Accident[; or
  - b. the date of the Covered Person's discharge from a Hospital Confinement that is a covered under the Hospital Care Section of the Policy.]

We will pay for each day of Physical Therapy Treatment not to exceed a maximum payment period of [6 days upon which treatment is received.] Further Physical Therapy Treatment will not be paid for the Covered Person as the result of any one Covered Accident.

[This benefit will not cover the same visit for which the accident Follow-Up Physician Treatment Benefit is due.]

The term **Physical Therapist** means a person, other than the Covered Person or his Immediate Family, and who is:

1. duly licensed as a Physical Therapist in the jurisdiction where practicing;
2. acting within the scope of that license; or
3. providing services according to the Code of Ethics of [the American Physical Therapy Association] to:
  - a. manage movement dysfunction caused by the Injury; or
  - b. restore or prevent progression of movement impairments or functional limitations resulting from the Injury.

## FOLLOW UP CARE SECTION

**Prosthetic Device Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in a the Covered Person's incurral of expense for Prosthesis. The Prosthesis must be:

1. prescribed by a Physician for functional use due to the Covered Person's [loss of a hand, foot or sight of an eye;] and
2. as the result of an Injury sustained in a Covered Accident.

The Covered Person must incur the expense for the Prosthesis [within 365 days] of the date of the Covered Accident.

We will not pay more than two times the Maximum Benefit Amount shown in the Schedule for all Prosthesis prescribed as the result of any one Covered Accident.

The term **Prosthetic Device** means an [artificial limb or eye.] It does **not** include[:

1. hearing aids;
2. dental aids including false teeth;
3. eye-glasses;
4. artificial joints; and
5. cosmetic prostheses such as hair wigs.]

**Rehabilitation Unit Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in the Covered Person's Confinement in a Rehabilitation Facility. The Rehabilitation Confinement must be for physical, occupational, or speech therapy received from a medical practitioner to treat the Covered Person's Injury that resulted from a Covered Accident.

The Rehabilitation Confinement must commence[:

1. within 30 days of a Hospital Confinement that is covered under the Hospital Care Section; and
2. within 90 days] of the Covered Accident.

We will not pay for any part of the Rehabilitation Confinement that extends beyond a maximum payment period of [30 days] for all Rehabilitation Confinements of the Covered Person that are due to the same Covered Accident.

[If this Benefit and the Hospital Confinement Benefit would both be payable for the same day, only the Hospital Confinement Benefit will apply. Any amount already paid under the Rehabilitation Benefit for such day, will be subtracted from the amount payable under the Hospital Confinement benefit.]

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

The term **Rehabilitation Confinement** means admission as an Inpatient to a unit or facility providing skilled physical, occupational or speech therapy as stated above. It does **not** mean being an Inpatient in an institution or part thereof which is used primarily as:

1. a nursing home, or convalescent home, or skilled nursing facility;
2. a place for rest, custodial care, or for the aged;
3. a clinic;
4. a place for the Treatment of mental illness, alcoholism, or drug addiction.



## COMMON INJURIES SECTION

*Large brackets denote that provision may be removed. When used, variability is as shown.*

**Abdominal / Thoracic Surgery Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in:

1. open abdominal or thoracic surgery;
2. the surgery is performed to repair internal injuries received as the result of a Covered Accident; and
3. the surgery occurs [within 72 hours] after the Covered Accident.

We will pay the reduced amount shown for this benefit if such surgery is exploratory and without repair. This benefit does not cover surgery related to a hernia. This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Blood/Plasma/Platelets Benefit:** We will pay the lesser of:

1. the Maximum Benefit Amount shown for this Benefit in the Schedule; or
2. the covered expense incurred by the Covered Person;

if a Covered Person sustains an Injury which results in the need for a transfusion, and the administration, cross matching, typing and processing of blood plasma or blood platelets as the result of the Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident. The transfusion must occur [within 90 days] of the date of the Covered Accident.

**Burn Benefit:** We will pay the Maximum Benefit Amount that applies as shown for this Benefit in the Schedule if a Covered Person sustains an Injury:

1. which results in one of the following levels of burn[  
  - a. 2nd Degree (at least 36% of body surface);
  - b. 3rd Degree (9 to 34 square inches);
  - c. 3rd Degree (35 or more square inches); and
2. ]Treatment is received from a Physician [within 72 hours of the Covered Accident].

The Maximum Benefit Amount that applies is stated across from the level of the burn and it is based upon the severity of the burn. If more than one level of burn is sustained as the result of any one Covered Accident, [only the one level that pays the highest amount will be paid.] This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Coma Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if:

1. a Covered Person sustains an Injury which results in the Covered Person's Coma; and
2. the Coma:
  - a. begins while the Covered Person's insurance is in force;
  - b. is diagnosed by a Physician as having commenced [within 90 days] after the Covered Accident that caused the Covered Person's Injury.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

The term **Coma** means a state of profound unconsciousness. To be covered under this benefit, the coma must be continuous for a period of at [least 7 days] and be:

1. characterized by the absence of eye opening, motor response, and verbal response; and
2. require intubation for respiratory assistance.

The Coma diagnosis must be supported by:

1. a Glasgow Coma Scale Score of eight or below throughout the 7 day period; and
2. an Electroencephalogram (EEG).

The term Coma will not include any medically induced coma.

**Concussion Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in the Covered Person's concussion. A Physician must:

1. diagnose the concussion; and
2. use a medical imaging procedure [within 72 hours] after the Covered Accident to make the diagnosis.

This benefit will not be paid [more than once] as the result of:

1. the Covered Accident that caused the Covered Person's Injury[; or
2. any Covered Accident occurring within 12 months of an accident for which a payment has already been made or is due under this Benefit.]

## COMMON INJURIES SECTION

**Dental Emergency Benefit:** We will pay the Maximum Benefit Amount that applies as shown for this Benefit in the Schedule if a Covered Person sustains an Injury which:

1. causes damage to a natural tooth; and
2. a Physician either extracts, or repairs the tooth by placement of a crown, [within 90 days] of the date of the Covered Accident.

The Maximum Benefit Amount that applies is stated across from the type of dental work.

The total amount that We will pay for:

1. all teeth extracted due to any one Covered Accident will not exceed the Maximum Benefit stated in the Schedule [for one extraction;]
2. all teeth repaired by a crown as the result of any one Covered Accident will not exceed the Maximum Benefit stated in the Schedule [for one crown.]

**Dislocation (Separated Joint) Benefit:** We will pay the Maximum Benefit Amount that applies as shown for this Benefit in the Schedule if a Covered Person sustains an Injury which:

1. results in the Covered Person's Dislocation (Separated Joint); and
2. [within 90 days] of the Covered Accident, a Physician treats the Dislocation by either:
  - a. an open surgical reduction; or
  - b. a closed non-surgical reduction.

The Maximum Benefit Amount that applies is stated across from the type of Dislocation.

[The total amount that We will pay under this Benefit and under the Fractures Benefit for all Dislocations and Fractures sustained by the Covered Person as the result of any one Covered Accident will be the lesser of:

1. the total amount payable for all; or
2. an amount that will not exceed two times the amount determined to be payable for the one Dislocation or Fracture that pays the largest benefit.]

The **Dislocation** must result in a completely separated joint. An **Open Reduction of Dislocation** is one that is surgically corrected. A **Closed Reduction of Dislocation** is one that is non-surgically corrected. A **Closed Reduction of Dislocation without Anesthesia** is one that is non-surgically corrected without the use of Anesthesia.

**Eye Surgery Benefit:** We will pay the Maximum Benefit Amount that applies as shown for this Benefit in the Schedule if a Covered Person sustains an Injury that requires:

1. a Physician to perform surgery or to remove a foreign object from the eye; and
2. the Treatment is received from the Physician [within 90 days] after the Covered Accident.

The Maximum Benefit Amount that applies is stated across from the type of eye surgery.

This benefit is not paid for examination with anesthesia which:

1. does not involve surgery for removal of a foreign object; or
2. involves only the moveable fold of skin and muscle that covers the eye (the eyelid).

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Family Child Daycare Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule for each day that a Covered Person's Child receives child care if:

1. a Covered Person, who is the Child's parent, sustains an Injury which results in the Covered Person's admission to the Hospital as an Inpatient; and
2. the Inpatient Confinement begins:[
  - a. within 30 days of a Covered Accident] which caused the Injury; and
  - b. while the Covered Person's insurance is in force;
3. an expense is charged for a day of care by a child care provider [who is licensed to provide such services in the jurisdiction in which the services are provided; and
4. the day of child care coincides with a day of Hospital Confinement which is covered under the Policy.]

We will not pay this benefit for any day of child care that extends beyond a maximum payment period of [30 days.] The Child receiving child care [does not need to be a Covered Person, but] must:

1. qualify as a Child, as defined, except that such child must be under [age 14; or
2. qualify as an Incapacitated Child.]

## COMMON INJURIES SECTION

**Family Lodging Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule for each day of a companion's Lodging if the Covered Person sustains an Injury and:

1. it results in Hospital Confinement [within 30 days] of a Covered Accident;
2. the Confinement [is more than 100 miles] from a residence of the Covered Person;
3. a person who is a companion accompanies the Covered Person and such companion incurs Lodging expense for the day[; and
4. the day coincides with a day of Hospital Confinement which is covered under the Policy.]

The term **Lodging** means an overnight accommodation:

1. for which a room charge is made; and
2. in a hotel, motel, lodge, inn, or similar facility.

This benefit will not be paid for more than [30 days] for the Covered Person's companion as the result of any one Covered Accident. The lodging cannot be owned by the companion, the Covered Person, or their Immediate Family.

**Fracture Benefit:** We will pay the Maximum Benefit Amount that applies as shown for this Benefit in the Schedule if a Covered Person sustains an Injury which:

1. results in the Covered Person's Fracture due to a Covered Accident; and
2. [within 90 days] of the Covered Accident, a Physician treats the Fracture by either:
  - a. an open surgical procedure; or
  - b. a closed non-surgical reduction.

The Maximum Benefit Amount that applies is stated across from the type of Fracture. The total amount that We will pay under this Benefit and under the Dislocation Benefit for all Fractures and Dislocations sustained by the Covered Person as the result of any one Covered Accident will be [the lesser of:

1. the total amount payable for all; or
2. an amount that will not exceed two times the amount determined to be payable for the one Dislocation or Fracture that pays the largest benefit.]

The term **Fracture** means a broken bone which can be seen by x-ray. An **Open Reduction of Fracture** is one that is surgically corrected. A **Closed Reduction of Fracture** is one that is non-surgically corrected. A **Chip Fracture** is one in which a piece of the bone is broken off near a joint at a place where a ligament is usually attached.

**Laceration Benefit:** We will pay the Maximum Benefit Amount that applies as shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results a Laceration that is treated by a Physician [within 72 hours] of a Covered Accident. The Maximum Benefit Amount that applies is stated [across from the type of Laceration.] [Any payment under this Benefit for a laceration to a finger, toe, hand, foot or eye will be subtracted from any benefit that becomes due for the same body part under the Accidental Death and Dismemberment Schedule.] If a laceration is severe enough to require stitches but the Physician chooses to repair it another way, We will pay the benefit as if the laceration was stitched. This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

The term **Laceration** means a cut.

**Major Diagnostic Exam Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which:

1. results in the Covered Person's incurring expenses for Diagnostic Imaging for the Injury; and
2. the imaging occurs [within 30 days] of the Covered Accident.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident. [If both this benefit and the Concussion Benefit would be payable for the same Injury, only the benefit paying the higher amount will be paid. If any amount has been paid under the Concussion Benefit, it will be subtracted from the amount payable under this benefit.]

The term **Diagnostic Imaging** includes but is not limited to [x-rays and radiography tests; magnetic resonance imaging (MRI); tomography including positron emission tomography (PET) and computerized axial tomography (CAT); endoscopy; thermography; microscopy; electroencephalography (EEG); magnetoencephalography (MEG); electrocardiography (EKG); ultrasound and other similar imaging tests used for medical diagnostics.]

## COMMON INJURIES SECTION

**Organized Sporting Activity Injury Benefit:** If a Covered Person sustains an Injury as the result of a Covered Accident that occurs while participating in an Organized Sporting Activity, We will increase the amounts payable:

1. under the other benefits which are stated in [the Common Injuries Section; and
2. under the benefits which are stated in the Follow Up Care Section;]

to [the lesser of:

1. an increase of an additional 25% of the amounts payable in those Sections; or
2. the dollar ]Maximum Benefit Amount increase shown for this Benefit in the Schedule.

[This benefit will not increase the amounts payable under:

1. the Accidental Death and Dismemberment Benefit Section;
2. the Initial Care Section; or
3. any other section or additional benefits not specifically stated under Follow Up Care or Common Injuries Sections.]

We will pay this benefit only once per Covered Accident [per twelve-month period.]

The **Organized Sporting Activity** must be[:

1. a competition; or
2. practice for a competition;]

for amateurs only.

The competition must be[:

1. governed by a set of written rules;
2. be supervised by an adult that has completed all training required by the organization, and
3. overseen by a legal entity such as a public school system or sports association that is governed by a board of directors.]

Competition must be on a regulation playing surface.

**Paralysis Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury which results in the Covered Person's[:

1. **Quadriplegia:** total and permanent Paralysis of both upper and lower limbs.
2. **Paraplegia:** total and permanent Paralysis of both lower limbs.
3. **Hemiplegia:** total and permanent Paralysis of upper and lower limbs on one side of the body.]

The Maximum Benefit Amount[is based on the type of Paralysis, stated above, that applies.]

The Paralysis must:

1. be confirmed by a Physician;
2. based on documented evidence that the Paralysis was caused by Injury sustained in the Covered Accident;
3. [have a duration of at least 30 consecutive days and] be expected to be permanent; and
4. commence [within 90 days] of the date of the Covered Accident.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

The term **Paralysis** means the permanent impairment and loss of the ability to voluntarily move or to have sensation in any entire extremity. Paralysis must be:

1. the result of an Injury to the brain or spinal cord; and
2. without the severance of a limb.

**Ruptured Disc Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury:

1. which results in a herniated disc of the spine; and
2. for which Treatment is received from a Physician[:
  - a. within 60 days] of the date of the Covered Accident [if the Treatment is non-surgical; or
  - b. within 365 days of the Covered Accident if the Treatment is to surgically repair the disc.]

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

## COMMON INJURIES SECTION

**Skin Grafts Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if a Covered Person sustains an Injury:

1. which results in the Covered Person's skin graft; and
2. the skin graft is for a burn that is payable under the Burn Benefit.

This benefit will not be paid [more than once] for the Covered Person as the result of any one Covered Accident.

**Tendon/Ligament/Rotator Cuff/Knee Cartilage Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule, for the applicable Injury, if a Covered Person's Injury results in surgery to[

1. a tendon;
2. ligament;
3. rotator cuff; or
4. knee cartilage.]

The surgery must be:

1. performed to repair an Injury received as the result of a Covered Accident; and
2. [occur within 180] days after the Covered Accident.

We will pay the reduced amount shown for this benefit if such surgery is exploratory and without repair.

If the Covered Person sustains more than one Injury that is payable under this Benefit, the total amount that We will pay as the result of any one Covered Accident will be [the lesser of:

1. the total amount payable for all; or
2. an amount that will not exceed two times the amount determined to be payable for the one Injury payable under this Benefit that would pay the largest benefit.]

[In addition, this benefit will not be paid concurrently with the Fracture or Dislocation Benefit. Of the three benefits, only the one benefit that pays the highest amount will be paid, and not more than once for all Injuries to the Covered Person as the result of any one Covered Accident.]

**Transportation Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if:

1. a Covered Person sustains an Injury as the result of a Covered Accident;
2. the Injury requires Special Treatment [more than 100 miles] from a residence of the Covered Person; and
3. the first trip to the Special Treatment occurs [within 90 days] of the Covered Accident.

This benefit is not payable for[:

1. transport by ambulance if the Ground or Air Ambulance Benefit is also payable; or]
2. any later transport if the initial transport to the Special Treatment [occurred more than 90 days] from the Covered Accident.

This benefit will not be paid more than [three times] for the Covered Person as the result of any one Covered Accident.

The term **Special Treatment** means Treatment that:

1. is prescribed by a Physician and that is not available [within 100 miles] of the Covered Person's residence; and
2. [occurs within 180 days] of the Covered Accident.

## ADDITIONAL BENEFITS SECTION

**Accident Medical Expense Benefit:** We will pay the Covered Medical Expenses incurred for a Covered Person's Injuries sustained as the result of a Covered Accident provided that:

1. payment will not exceed the Maximum Benefit Amount shown for this Benefit in the Schedule for all such expenses incurred as the result of any one Covered Accident;
2. the expenses are incurred for Treatment received [within 90 days] of the Covered Accident.

The term **Covered Medical Expenses** means expenses which are:

1. incurred for Treatment in:
  - a. a Physician' Office;
  - b. Urgent Care Facility; or
  - c. Hospital Emergency Room; and
2. not in excess of those which the Physician or facility has indicated a willingness to accept as evidenced by its agreements with insurers, fee for service plans, or similar programs.

We will not pay for any expenses that the Covered Person is not legally required to pay.

## ADDITIONAL BENEFITS SECTION

**Catastrophic Accident Benefit:** We will pay [the Maximum Benefit Amount] shown for this Benefit in the Schedule if:

1. the Covered Person sustains an Injury as the result of a Covered Accident and the Injury results in one of the following Losses:
  - a. Loss of both hands or both feet;
  - b. Loss of use of both arms or both legs;
  - c. Loss of one hand and one foot;
  - d. Loss of use of one arm and one leg;
  - e. Loss of sight of both eyes;
  - f. Loss of hearing in both ears;
  - g. Loss of ability to speak;
2. the Loss occurs [within 90 days] of the date of a Covered Accident;
3. the Covered Person survives the Injury from the date of the Covered Accident through the duration of [a 180 consecutive day waiting period] following the accident; [and
4. the Covered Person is not in a Coma at the end of a 180 day waiting period.]

The Covered Person must be treated for the Injury by a Physician [within 30 days] of the Covered Accident and remain under the regular care of a Physician [during the 180 day waiting period.] The Physician must certify at [the end of the 180 day period] that the Loss is permanent.

We will not pay more than the Maximum Benefit Amount stated in the Schedule for this Benefit for all Losses sustained by a Covered Person as the result of any one Covered Accident.

[This benefit is payable only once in the Covered Person's lifetime.]

This benefit will be reduced by any benefits paid under[:

1. the Coma Benefit;
2. the Paralysis Benefit; or
3. the Dismemberment schedule of the Accidental Death and Dismemberment Benefit.]

The term **Loss of Use** means the total and permanent loss[:

1. of function of the entire arm from the shoulder to the hand or the entire leg from the hip to the foot because of incurable Paralysis;
2. of sight, which is defined as the total and permanent loss of sight;
3. of hearing, which is defined as deafness in both ears that cannot be corrected to any functional degree by any procedure, aid or device.
4. of speech, which is defined as the loss of audible communication such that it cannot be corrected to any functional degree by any procedure, aid or device.]

*{Note: If based on group's selection, Coma and Paralysis benefits are not included, the definitions of Coma and/or Paralysis will be moved here.}*

## ADDITIONAL BENEFITS SECTION

**Occupational HIV Benefit:** We will pay the Maximum Benefit Amount shown for this Benefit in the Schedule if all of the following conditions are met:

1. the Covered Person sustains an Injury as the result of a Covered Accident and in the performance of his occupational duties;
2. the Injury is reported and recorded [within 5 days] of the Covered Accident by the appropriate person according to [the legislation, regulations, standards or guidelines that apply to the Covered Person's occupation;]
3. the Injury is investigated and a written investigation report is provided by the Covered Person's Employer;
4. a confirmatory antibody HIV test is taken [within 5 days] of the Injury and HIV is not present;
5. all HIV tests are performed by a state certified and licensed laboratory;
6. a follow-up confirmatory antibody HIV test is taken [between 90 days and 180 days] after the Injury and the result is positive;
7. the Covered Person has not previously tested positive for HIV, or if the Covered Person has previously tested positive for HIV, the Covered Person subsequently tested negative for HIV prior to the date the Injury occurred; and
8. as a result of such Injury, acquires and tests positive for HIV

[This benefit does not apply to a Covered Person who is a Dependent Child.]

**Occupational HIV** is a Diagnosis of HIV infection resulting from an Injury which exposed the Covered Person to HIV-contaminated body fluids and;

1. the Injury must have occurred during the normal course of duties for the occupation in which the Covered Person is regularly engaged; and
2. the HIV infection must result from the accidental exposure to the HIV-contaminated body fluids during the normal course of performing an occupation for which remuneration is earned; and
3. the contact with the body fluids must have occurred while the Covered Person's coverage is in force.

**Exclusions:** Occupational HIV excludes the following:

1. HIV infection as the result of IV drug use;
2. HIV infection as the result of sexual transmission; and
3. HIV infection determined not to have been as a result of an Injury.

**Eligible SIC Codes:**[

1. 801x-804x Physicians and Dentists
2. 805x-906x Hospitals, Nursing Facilities
3. 807x-809x Medical/Dental Labs, Clinics, Home Health Care, Other Health Services
4. 922x Police/Fire/Corrections]



## ADDITIONAL BENEFITS SECTION

**Wellness Benefit:** We will pay the amount the Maximum Benefit Amount shown for this Benefit in the Schedule per [calendar year] for any one of the following health screening tests performed for the [Primary] Covered Person [and the Covered Spouse provided the Primary Covered Person elected coverage under the benefit. This benefit does not apply to a Covered Person who is a Dependent Child.]

The term **Health Screening Test** means any one of the following tests[:

- Stress test on a bicycle or treadmill
- Fasting blood glucose test
- Blood test for triglycerides
- Serum cholesterol test to determine level of HDL and LDL
- Bone marrow testing
- Breast ultrasound
- CA 15-3 (blood test for breast cancer)
- CA 125 (blood test for ovarian cancer)
- CEA (blood test for colon cancer)
- Chest X-ray
- Colonoscopy
- Flexible sigmoidoscopy
- Hemocult stool analysis
- Mammography
- Pap smear
- PSA (blood test for prostate cancer)
- Serum Protein Electrophoresis (blood test for myeloma)
- Thermography
- Virtual Colonoscopy]

This benefit will be paid as long as the Policy is in force and the [Primary Covered Person or Covered Spouse] remains insured under this Benefit of the Policy. The benefit will be paid regardless of the results of the test. The Wellness Benefit is paid in addition to any other payments the [Primary Covered Person and/or Covered Spouse] receives under the Policy.

Only [one] health screening test will be covered upon receipt by Us of adequate documentation to support the performance of any test for the [Primary Covered Person and the Covered Spouse.]

## EXCLUSIONS

**Exclusions:** We will not cover any loss caused or contributed to by:

1. Disease, bodily or mental infirmity, or medical or surgical Treatment of these (except pyogenic infections through an accidental wound)[;];
2. Suicide or intentionally self-inflicted injury, while sane or insane;
3. Participation in a riot or insurrection, or commission of a felony;
4. War or any act of war, declared or undeclared;
5. Voluntary use of drugs, hallucinogen, controlled substance, or narcotic unless prescribed by a physician;
6. Participating in any event or activity, including the operation of a vehicle, while intoxicated or under the influence according to the applicable state law where the loss occurred;
7. Engaging in the following hazardous activities: skydiving, hang gliding, sail gliding, parasailing, para kiting, motorized dirt bike riding, mountain climbing, Russian Roulette, autoerotic asphyxiation, bungee jumping or using off-road vehicles;
8. riding in or driving any motor-driven vehicle in a race, stunt show or speed test;
9. Travel or flight in, or descent from any aircraft, unless as a fare-paying passenger on a commercial airline flying between established airports on: a) a scheduled route; or b) a charter flight seating 15 or more people;
10. practicing for or participating in any semi-professional or professional competitive athletic contests for which any type of compensation or remuneration is received; and
11. On Job Injury or any Injury arising out of or in the course of any occupation or employment for pay or profit, or any injury or Sickness for which the Covered Person is entitled to benefits under any workers' compensation law, Employers liability law or similar law, unless this insurance is issued on an occupational (24 hour) basis as shown on the Schedule.]

## CLAIM PROVISIONS

**Notice of Claim:** Written notice of a claim must be given within [20 days] after a covered loss occurs. If notice cannot be given within that time, it must be given as soon as reasonably possible. The notice should include the claimant's name, the Policyholder's name and the Policy number. The Notice of Claim must be sent to the plan administrator. The plan administrator will send it to Us.

**Claim Forms:** When We receive the notice of claim, We will send the forms for giving Us Proof of Claim. The forms will be sent within 15 days after We receive the notice of claim. If the forms are not received from Us within 15 days of a request, written proof of claim should be sent to Us without waiting for the form. The claimant will satisfy the proof of claim requirement if written proof of the occurrence, nature and extent of the loss are sent to Us.

**Proof of Claim:** Written Proof of Claim must be filed within 90 days after[:

1. the end of each month of Our liability for periodic payment of claims; or
2. ]the date of the loss [for all other claims.]

If it is not possible to give proof within the 90 days, it must be given no later than one year after the time proof is otherwise required, except in the absence of legal capacity.

**Time of Claim Payment:** Benefits for loss covered by the Policy are paid upon receipt of Proof of Claim. If special circumstances require an extension, We will notify the Covered Person within 45 days of receipt of the initial proof.

Our notice will provide the Covered Person with:

1. a description of any further proof needed to perfect the claim; and
2. an explanation of why such material is needed.

Benefits for a covered loss will then be paid upon receipt of all proper Proof of Claim.

**Payment of Claims:** Loss of Life benefits are payable [in accordance with the Beneficiary designation in effect at the time of the Primary Covered Person's death. If there is no Beneficiary, or the Beneficiary is not living at the time of the Primary Covered Person's death, benefit are payable to his survivors, in equal shares, in the first of the following classes to have a survivor at the Primary Covered Person's death:

1. spouse;
2. children;
3. parents;
4. brothers and sisters.

If there is no survivor in these classes, payment will be made to the Primary Covered Person's] estate.

[The Primary Covered Person is the beneficiary for Covered Persons who are his Dependents.]

Except as otherwise noted for specified additional benefits that may be included in the Policy, all other benefits due and not assigned will be paid to the [Primary] Covered Person, if living. Otherwise, the benefits will be paid according to the above.

If a benefit is payable to a Covered Person's estate, to a minor or to someone who is not competent to give a valid release, We have the right to pay up to [\$1,000] to any relatives whom We consider entitled. Any amount We pay in good faith releases Us from further liability, but only for the amount paid.

**Overpayment of Claim:** We have the right to recover any overpayments due to:

1. fraud; and
2. any error that a Covered Person, We or the plan administrator make in processing a claim.

The Covered Person must reimburse Us in full. We will determine the method by which the repayment is to be made. We have the right to recover overpayment from the Covered Person's Beneficiary if living, or the Covered Person's estate.

## CLAIM PROVISIONS

**Legal Action:** The Covered Person may not bring suit to recover under this section until 60 days after the Covered Person has given Us written Proof of Claim. No suit may be brought more [than three years (five years in Kansas, six years in South Carolina)] from the date Proof of Claim is required to be submitted to Us after the date of loss.

**Physical Examinations:** We have the right to have a Physician or other medical practitioner or vocational expert of Our choice examine the Covered Person as often as We feel is necessary while the claim is pending. [We may also have an autopsy made in case of death, unless not allowed by law. We will pay the cost of the exam and autopsy.]

**Misstatement of Age:** If a Covered Person's Age has been incorrectly stated, the premium rates will be adjusted to the correct Age. If the change in Age affects his benefits, the benefits will be corrected accordingly and the premium adjustment will take this correction into account.

**Time Limit on Certain Defenses:** If a [Primary] Covered Person made a misstatement on the [application,] We will not use it to void the Certificate or deny a claim for loss incurred after the person about whom the statement was made has been continuously covered under the Policy for two years from his Effective Date; or, with respect to increases in coverage, two years from the Effective Date of the increase in the coverage; unless the misstatement was fraudulent. There is no time limit for fraudulent statements.

**Assignment:** We will recognize any assignment under the Policy other than a collateral assignment, provided:

1. it is duly executed; and
2. a copy is on file with Us.

We and the Policyholder assume no responsibility for the validity or effect of an assignment.

**[POLICY/CERTIFICATE] BENEFITS ADD RIDER**

The [Policy / Certificate] are amended by the addition of the following Benefit to the [INITIAL CARE SECTION / HOSPITAL CARE SECTION / FOLLOW UP CARE SECTION / COMMON INJURIES SECTION / ADDITIONAL BENEFITS SECTION:]

[Any of the following benefits may be added:

Accident Medical Expense Benefit  
Catastrophic Accident Benefit  
Occupational HIV Benefit  
Wellness Benefit

]

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This rider forms a part of [Policy Number \_\_\_\_\_, issued to \_\_\_\_\_ and to the Certificates to which it is attached. This rider is issued in consideration of the required additional premium.] This rider is effective on [the later to occur of:

1. the effective date of the Policy or Certificate to which it is attached; or
2. the first day of the month on or next following the date We accept the Covered Person's Written Request and required premium.]

This rider does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

**UnitedHealthcare Insurance Company**  
**[Hartford, Connecticut 06103-3408]**

Signed for the Company by:



Thomas J. McGuire, Secretary



Jeffrey D. Alter, President

**[POLICY/CERTIFICATE] MODIFICATIONS RIDER**

The [Policy / Certificate] are amended as follows[:

1. The Policy Number is amended to:  
Policy Number XXXX
2. The Policyholder Address is amended to:  
XX Street  
Anytown, U.S.A.
3. Optional Benefit Added / Optional Benefit Deleted:  
The Catastrophic Accident Benefit is closed and deleted from the Policy with respect to new Enrollments.
4. The following Exclusion is deleted from the Policy:  
The Exclusion for On the Job Injuries is deleted.
5. The Actively at Work requirements are waived for the following:  
John Doe, Mary Smith....List as may be required to include individuals not actively at work due to disability, leave, etc. as may be agreed upon.
6. The rates in the attached schedule are guaranteed to (fill-in date.).
7. With respect to residents of the state of XX, the following provision is added to the Policy:  
The following statutory benefit is added: \_\_\_\_\_.]

This rider forms a part of [Policy Number \_\_\_\_\_, issued to \_\_\_\_\_ and to the Certificates to which it is attached. This rider is issued in consideration of the required additional premium.] This rider is effective on [the later to occur of:

1. the effective date of the Policy or Certificate to which it is attached; or
2. the first day of the month on or next following the date We accept the Covered Person's Written Request and required premium.]

This rider does not vary, waive, alter or extend any of the terms, conditions, or provisions of the Policy, except as stated herein.

**UnitedHealthcare Insurance Company**  
**[Hartford, Connecticut 06103-3408]**

Signed for the Company by:



Thomas J. McGuire, Secretary



Jeffrey D. Alter, President

## **ARKANSAS**

With respect to residents of the state of Arkansas, the following provision is included to bring your certificate into conformity with Arkansas state law:

### **Insurer Information Notice**

Any questions regarding the Policy may be directed to:  
UnitedHealthcare Insurance Company  
Administrative Offices  
6300 Olson Memorial Highway  
Golden Valley, MN 55427  
1-866-615-8727

If the question is not resolved, you may contact the Arkansas Insurance Department:  
Arkansas Insurance Department  
Consumer Services Division  
1200 West Third Street  
Little Rock, Arkansas 77201-1904  
Telephone: 1-800-852-5494 or 501-371-2640

<i>SERFF Tracking Number:</i>	<i>UHLC-128229399</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>UnitedHealthcare Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H02G Group Health - Accident Only</i>	<i>Sub-TOI:</i>	<i>H02G.000 Health - Accident Only</i>
<i>Product Name:</i>	<i>Accident Policy</i>		
<i>Project Name/Number:</i>	<i>Employer 2012/</i>		

## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	04/03/2012
<b>Comments:</b> Please see attached readability certification.		

The Consumer Notice is attached to the Form Schedule tab.

**Attachment:**  
Readability Certification - Accident.pdf

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	04/03/2012
<b>Comments:</b> Application Form LASD-APP2 (10/03) was previously approved on December 19, 2003.		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Guaranty Association Notice	Approved-Closed	04/03/2012
<b>Comments:</b> Please see attached		
<b>Attachment:</b> AR Guaranty Notice.pdf		

	<b>Item Status:</b>	<b>Status Date:</b>
<b>Satisfied - Item:</b> Forms List	Approved-Closed	04/03/2012
<b>Comments:</b>		
<b>Attachment:</b> AR Accident Forms List.pdf		



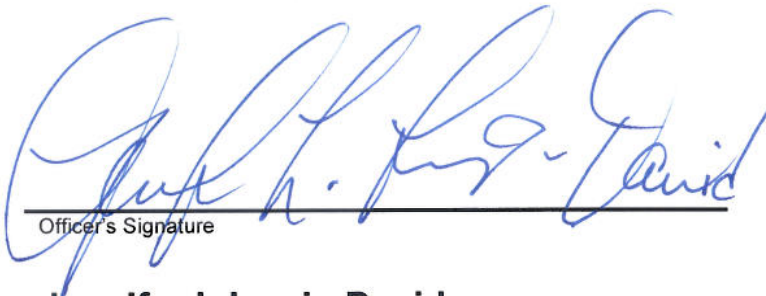
**UnitedHealthcare Insurance Company**  
**185 Asylum Street**  
**Hartford, Connecticut**

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**FLESCH CERTIFICATION**

On behalf of UnitedHealthcare Insurance Company, I certify that the forms listed below satisfy the NAIC Model Bill standards of policy language simplification legislation for accident and health insurance.

<b>Form Number</b>	<b>Form Title</b>	<b>Flesch Score</b>
<u>UHCAC-POL-1 (01/12)</u>	<u>Group Accident Policy Form</u>	<u>52.9</u>
<u>UHCAC-CRT (01/12)</u>	<u>Group Accident Certificate Form</u>	<u>57.3</u>
<u>UHCAC-ABR (01/12)</u>	<u>Policy / Certificate Benefits Add Rider Form</u>	<u>58.0</u>
<u>UHCAC-POLMOD (01/12)</u>	<u>Policy/Certificate Modification Rider Form</u>	<u>53.4</u>



Officer's Signature

**Jennifer L Lewis-David**

Officer's Printed Name

**Assistant Secretary**

Title

**March 23, 2012**

Date

## **APPENDIX "A"**

### **LIMITATIONS AND EXCLUSIONS UNDER THE ARKANSAS LIFE AND HEALTH INSURANCE GUARANTY ASSOCIATION ACT**

Residents of this state who purchase life insurance, annuities or health and accident insurance should know that the insurance companies licensed in this state to write these types of insurance are members of the Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association"). The purpose of the Guaranty Association is to assure that policy and contract owners will be protected, within certain limits, in the unlikely event that a member insurer becomes financially unable to meet its obligations. If this should happen, the Guaranty Association will assess its other member insurance companies for the money to pay the claims of policy owners who live in this state and, in some cases, to keep coverage in force. The valuable extra protection provided by the member insurers through the Guaranty Association is not unlimited, however. And, as noted below, this protection is not a substitute for consumers' care in selecting insurance companies that are well managed and financially stable.

#### **DISCLAIMER**

The Arkansas Life and Health Insurance Guaranty Association ("Guaranty Association") may not provide coverage for this policy. If coverage is provided, it may be subject to substantial limitations or exclusions and require continued residency in this state. You should not rely on coverage by the Guaranty Association in purchasing an insurance policy or contract.

Coverage is NOT provided for your policy or contract or any portion of it that is not guaranteed by the insurer or for which you have assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract.

Insurance companies or their agents are required by law to provide you with this notice. However, insurance companies and their agents are prohibited by law from using the existence of the Guaranty Association to induce you to purchase any kind of insurance policy.

The Arkansas Life and Health Insurance Guaranty Association  
c/o The Liquidation Division  
1023 West Capitol, Suite 2  
Little Rock, Arkansas 72201

Arkansas Insurance Department  
1200 West Third Street  
Little Rock, Arkansas 72201-1904

The state law that provides for this safety-net is called the Arkansas Life and Health Insurance Guaranty Association Act ("Act"). Below is a brief summary of the Act's coverages, exclusions and limits. This summary does not cover all provisions of the Act; nor does it in any way change anyone's rights or obligations under the Act or the rights or obligations of the Guaranty Association.

#### **COVERAGE**

Generally, individuals will be protected by the Guaranty Association if they live in this state and hold a life, annuity or disability health insurance contract or policy, or if they are insured under a group insurance contract issued by a member insurer. The beneficiaries, payees or assignees of policy or contract owners are protected as well, even if they live in another state.

## **EXCLUSIONS FROM COVERAGE**

However, persons owning such policies are NOT protected by the Guaranty Association if:

- They are eligible for protection under the laws of another state (this may occur when the insolvent insurer was incorporated in another state whose guaranty association protects insureds who live outside that state);
- The insurer was not authorized to do business in this state;
- Their policy or contract was issued by a nonprofit hospital or medical service organization, an HMO, a fraternal benefit society, a mandatory state pooling plan, a mutual assessment company or similar plan in which the policy or contract owner is subject to future assessments, or by an insurance exchange.

The Guaranty Association also does NOT provide coverage for:

- Any policy or contract or portion thereof which is not guaranteed by the insurer or for which the owner has assumed the risk, such as non-guaranteed amounts held in a separate account under a variable life or variable annuity contract;
- Any policy of reinsurance (unless an assumption certificate was issued);
- Interest rate yields that exceed an average rate;
- Dividends and voting rights and experience rating credits;
- Credits given in connection with the administration of a policy by a group contract holder;
- Employers' plans to the extent they are self-funded (that is, not insured by an insurance company, even if an insurance company administers them);
- Unallocated annuity contracts (which give rights to group contractholders, not individuals);
- Unallocated annuity contracts issued to/in connection with benefit plans protected under Federal Pension Benefit Corporation ("FPBC")(whether the FPBC is yet liable or not);
- Portions of an unallocated annuity contract not owned by a benefit plan or a government lottery (unless the owner is a resident) or issued to a collective investment trust or similar pooled fund offered by a bank or other financial institution);
- Portions of a policy or contract to the extent assessments required by law for the Guaranty Association are preempted by State or Federal law;
- Obligations that do not arise under the policy or contract, including claims based on marketing materials or side letters, riders, or other documents which do not meet filing requirements, or claims for policy misrepresentations, or extra-contractual or penalty claims;
- Contractual agreements establishing the member insurer's obligations to provide book value accounting guarantees for defined contribution benefit plan participants (by reference to a portfolio of assets owned by a non-affiliate benefit plan or its trustees).

## **LIMITS ON AMOUNT OF COVERAGE**

The Act also limits the amount the Guaranty Association is obligated to cover: The Guaranty Association cannot pay more than what the insurance company would owe under a policy or contract. Also, for any one insured life, the Guaranty Association will pay a maximum of \$300,000 - no matter how many policies and contracts there were with the same company, even if they provided different types of coverages. Within this overall \$300,000 limit, the Association will not pay more than \$300,000 in health insurance benefits, \$300,000 in present value of annuity benefits, or \$300,000 in life insurance death benefits or net cash surrender values - again, no matter how many policies and contracts there were with the same company, and no matter how many different types of coverages. There is a \$1,000,000 limit with respect to any contract holder for unallocated annuity benefits, irrespective of the number of contracts held by the contract holder. These are limitations for which the Guaranty Association is obligated before taking into account either its subrogation and assignment rights or the extent to which those benefits could be provided out of the assets of the impaired or insolvent insurer.

**UnitedHealthcare Insurance Company**  
**UHCAC-POL-1 (01/12) et. al. Forms Listing**  
**Group Accident Policy**

A list of base form numbers, form description and usage appear below. When printed, the basic certificate form number may appear only on the certificate face page with subsequent forms running in continuous copy. This list shows forms that are included on a standard basis and those that may be optionally quoted as part of the benefit package, and/or optionally selected by the group. Any definition or other module that is not referenced by the benefit options which we quote, or which the Policyholder selects, will be omitted if not applicable.

<b>Policy Form Number</b>	<b>Description</b>	<b>Included</b>
UHCAC-POL-1 (01/12)	Face page	Standard to Include
UHCAC-POL-PG (01/12)	Policy General Provisions	Standard to Include
UHCAC-POL-PG-TERM (01/12)	Policy General Provisions (continued)	Standard to Include
UHCAC-POL-PG-PREM (01/12)	Policy General Provisions (continued)	Standard to Include
UHCAC-POL-EG (01/12)	Enrolling Group Schedule	Optional
UHCAC-POL-TOC (01/12)	Table of Contents	Standard to Include
<b>Certificate Form Number</b>	<b>Description</b>	<b>Included</b>
UHCAC-CRT (01/12)	Face page	Standard to Include
UHCAC-TOC (01/12)	Table of Contents	Standard to Include
UHCAC-SCHED (01/12)	Schedule	Standard to Include
UHCAC-DEF (01/12)	General Definitions	Standard to Include
UHCAC-EELIG (01/12)	[Employee] Eligibility, Effective Date and Termination Provisions	Standard to Include
UHCAC-DELIG (01/12)	Dependent Eligibility, Effective Date and Termination Provisions	Optional
UHCAC-CONT-AR (01/12)	Premium, Continuation, And Reinstatement	Standard to Include
UHCAC-PORT (01/12)	Portability	Optional
UHCAC-ADD (01/12)	Accidental Death And Dismemberment Section	Optional
UHCAC-IC (01/12)	Initial Care Section	Optional
UHCAC-HC (01/12)	Hospital Care Section	Optional
UHCAC-WAIV (01/12)	Waiver Of Premium Section	Optional
UHCAC-IFOL (01/12)	Follow Up Care Section	Optional
UHCAC-2FOL (01/12)	Follow Up Care Section	Optional
UHCAC-1CINJ (01/12)	Common Injuries Section	Optional
UHCAC-2INJ (01/12)	Common Injuries Section	Optional
UHCAC-3INJ (01/12)	Common Injuries Section	Optional
UHCAC-4INJ (01/12)	Common Injuries Section	Optional
UHCAC-5INJ (01/12)	Common Injuries Section	Optional
UHCAC-AME (01/12)	Additional Benefits Section	Optional
UHCAC-CAT (01/12)	Additional Benefits Section	Optional
UHCAC-ochiv (01/12)	Additional Benefits Section	Optional
UHCAC-WB (01/12)	Additional Benefits Section	Optional
UHCAC-EXCL (01/12)	Exclusions	Standard to Include
UHCAC-CLM (01/12)	Claim Provisions	Standard to Include
UHCAC-AR-NOTICE	Consumer Notice	Standard to Include
<b>Riders</b>	<b>Description</b>	<b>Included</b>
UHCAC-ABR (01/12)	[Policy/Certificate] Benefits Add Rider	Optional Rider
UHCAC-POLMOD (01/12)	[Policy/Certificate] Modifications Rider	Optional Rider